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THE  
NEW ENGLAND  
MEDICAL GAZETTE

A Monthly Journal  
OF  
HOMOEOPATHIC MEDICINE.

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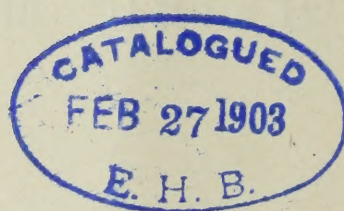
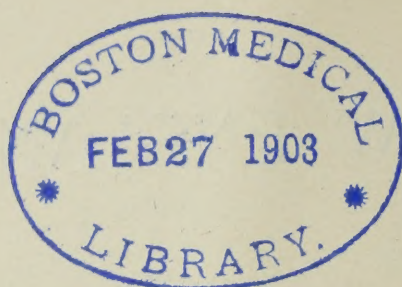
*“Die milde Macht ist gross.”*

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VOLUME XXXV.

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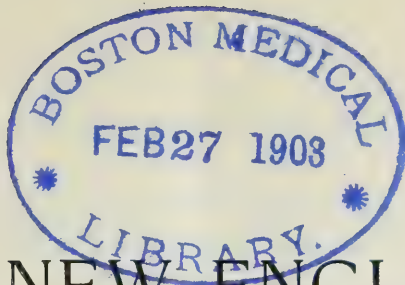
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# THE NEW ENGLAND MEDICAL GAZETTE

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Vol. XXXV.

## COMMUNICATIONS.

### OXALURIA.

BY E. R. MILLER, M.D.

[*Read before the Worcester County Homœopathic Medical Society.*]

The consequences of an excessive development of oxalic acid in the body are sometimes such as to cause complete disability.

As found in the urine it is in the form of oxalate of lime and generally in crystals which require a high magnifying power for their detection. Many urinary calculi are composed largely of these crystals. There may be said to be two general causes of an excess of oxalic acid in the urine, the first of which consists in eating vegetables containing a large amount of it, like rhubarb, onions, tomatoes, etc.; and second, incomplete oxidation, either of certain food elements or of the tissues themselves. There may be other causes, but from all I have been able to read, I conclude that at least the vast majority, if not all cases, of oxaluria may be attributed to one or the other of these two causes.

Of course the first cause, the ingestion of vegetables rich in oxalic acid, is of little consequence, providing we have diagnosed our case as oxaluria. Naturally we inquire as to the diet; interdict the use of the offending food substances; prescribe, if we think necessary, one of the alkaline salts for a few days, and the trouble is over.

Not so, however, with the second cause — *incomplete oxidation of food and of tissue elements*, or, in other words, indigestion and incomplete destructive metabolism.

Here we may have to invade the realm of the great arthritic diathesis, which involves the now somewhat obsolete terms "lithemia" and "uric acid diathesis," and which no man pretends to fully comprehend; or we may be obliged to consider the tubercular diathesis, that region of mystery that man has never yet entered; or neurasthenia, that condition of protean manifestations; or malaria, with its thousand latent forces. All these and many other diseases, not to mention pernicious habits like indolence, gluttony, and dissipation of every conceivable kind, may be wholly or in part responsible for incomplete oxidation, with its possible long train of ills, including oxaluria. The symptoms attending the presence of excessive quantities of oxalates in the system are quite varied. Among the more prominent, however, are general malaise, anorexia, foul breath, furred tongue, headache, some burning on micturition, with scanty urine and frothy diarrhœa.

These symptoms I have myself observed, and in addition to this I have found moderate but persistent pyrexia, and in one case, for some days there was a purplish reddening around the ankles, with some œdema of feet and ankles; also slight œdema of the fingers and hands, all of which passed away after a week. The urine was, however, then of normal quantity, though later it became scanty with only very slight return of the reddening and œdema. In this case, too, the patient had a very fair appetite most of the time, though the tongue was heavily furred and the odor of the breath was almost nauseating. Then, too, insomnolence, which is generally stated to be present, was lacking in this case, the sleep being excellent all through her sickness. Furthermore, in this case there was no pain whatever on micturition, though there was more or less burning, aching pain across the lower part of the abdomen, which was constant for several weeks; also aching in epigastrium and lumbar region. Perspiration, especially during sleep, was for several weeks quite marked, but the most persistent symptom was the fever, which was remittent and not at any time more than  $101^{\circ}$ , and that during the first week. For the most part the afternoon temperature was from  $99^{\circ}$  to  $100^{\circ}$ .



The treatment of cases due to the second class of causes must, of course, be extremely varied. I can conceive of no treatment directed to oxaluria *per se* as being more than temporary avail. Generally it will be necessary to make a careful study not only of the symptoms as they exist, but what, I believe, is of much more importance still, the patient himself, his family both near and remote, his own past history, his habits of work and of play, of *diet* and of hygiene, a most careful and searching inquiry as to the nature of the excretions, and finally, a careful noting of the symptoms presented before us, both objective and subjective. Then and then only will the physician be prepared to intelligently treat the case.

Speaking broadly, the cause being considered, as I have stated, imperfect oxidation either of food or tissue elements, such measures as would increase oxidation would naturally suggest themselves, and this is one of the most important requisites of successful treatment. If the patient's condition will allow of active exercise in the open air it should by all means be advised; if not, then massage should certainly be employed. At any rate, plenty of fresh air should be provided.

The diet of course is of extreme importance, and right here we not only have food for the stomach, but an endless amount of food for discussion.

We are advised that these cases should have no meat because of the excess of uric acid produced by flesh food. But it should be borne in mind that lean meats, which are especially rich in the proteids, are comparatively easy of digestion, while the kinds of vegetable food containing the proteids in any appreciable quantity are, to some organisms, indigestible. Proteids must be had, and as in these cases indigestion is usually present, we then look for the most readily digestible proteid food. On the other hand, it has been shown conclusively by the most able chemists that oxalic acid is a direct product of uric or lithic acid. We are, then, to avoid so far as possible foods that produce uric acid.

Thus we are between Scylla and Charybdis in the selection of food for such cases, and, like most questions in medicine

and surgery, as well as in other mundane matters, reason and judgment must decide for each individual case.

As to medicines, the study of each case will reveal the proper remedy for existing symptoms, backed up, of course, by the particular diathesis or discrasia.

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## TISSUE REMEDIES IN LUNG TROUBLES.

BY DR. J. M. BARTON.

*[Read before the Worcester County Medical Society.]*

The indications given in Schussler's tissue remedies — the 1884 edition — were few and clearly stated, as for instance for the following four, perhaps most often used in general diseases.

Ferrum phosphate. The cure of all inflammations in the first stages, hyperæmias, the effects of mechanical injuries, hemorrhages.

Kali muriate. The second remedy, following ferrum phosphate for the exudation (thick, white) white-coated tongue.

Kali phosphate. Nerve prostrations, putrid discharges, sleeplessness, mental disturbances, cramps with collapse.

Magnesium phosphate. Cramps, convulsions, spasmodic cough.

This edition (1884) says ferrum phosphate and kali muriate are sufficient to cover most cases of pneumonia. When a moist rale or wheezing of loose, frothy, or rattling phlegm is heard, and the patient is unable to cough up the great quantity of mucus, kali sulphate or natrium muriate are required. The nature of the expectoration and its color will decide the choice.

In Boericke and Dewey's edition of 1899 the same remedies are given, but with a more extended list of symptoms, with the addition of silicea, for which the indications given are chronic neglected pneumonia, passing over into suppuration, dyspnœa, when lying on the back, deep-seated pain in lying. Sputa profuse, greasy, fetid.



The early edition speaks of *calcaria fluorica* for whitish expectoration of tenacious mucus if potassium chloride alone is not sufficient.

*Ferrum phosphate*. The fever indications are not given with much clearness except in the first stage of inflammation without exudation; its nearest analogue is *aconite*. It stands between *aconite* and *gelsemium*. *Aconite* has more bounding pulse and the characteristic restlessness and anxiety; *gelsemium*, a more soft, flowing pulse and more drowsiness and dulness.

*Ferrum phosphate* is indicated when there is flushed face, red, or red and dry mucous membrane of the mouth and throat, dry painful cough, or with bright bloody expectoration, with soreness worse on movement or touch. The sixth potency usually acts nicely, but in some cases the twelfth in water is followed by less aggravation or quicker results. I think at times *aconite* produces more pronounced heart disturbances and profuse perspiration, especially when given in too low dilutions, than *ferrum phosphate*.

*Kali muriate* is useful where the remedies given for the feverish stage do not complete the cure.

After severe attacks of fever or from a continuation of the feverish stage there remain exudations which call for this remedy, especially when there is a white-coated tongue with thick white expectoration.

Catarrhal conditions affecting the nose, ears, throat, and bronchi alone or in complication of catarrhal pneumonia in the second stage with the above characteristics, respond well to *kali muriate*. Some cases of pneumonia with heart complications and dropsy are cured by *kali muriate*. The dropsy being generally the first to improve, at the same time the cough becomes looser and the heart symptoms improve, while the cough gradually clears up as the consolidation passes off.

Schussler says that *kali muriate* assumes a rôle much like sulphur in pure homœopathy, a deep-acting remedy with eradicating tendencies.

*Kali sulphate* has the yellowish or greenish shiny expecto-

ration, worse in the warm room or in a hot atmosphere, better in cool air. Coarse rales, but cannot cough up much mucous, watery matter. Mucus slips back and is generally swallowed. Hard, hoarse cough, like croup. A prominent symptom is also "rheumatic pains in the joints or any part of the body, when of a shifting, wandering nature," also face-ache with the other characteristics, especially with the thick yellowish catarrhal secretion. The above pains generally yield to kali sulphate.

The fever indications of kali sulphate are worthy of study. "Temperature rises in the evening until midnight, then falls again. It will assist in promoting perspiration." I have verified that fact in several instances.

Natrium muriate is prominently indicated for pneumonia of alcoholics, especially with the symptoms — clear, watery, frothy phlegm, loose and rattling, sometimes raised with difficulty. The frontal headache, with or without suppressed catarrh, is a prominent symptom.

There is an increase of the flow of saliva and tears, the cavity of the mouth and throat is covered with transparent mucus, and clean tongue. It is also indicated when the pharyngeal mucous membrane looks dry and shiny and pale.

Natrium sulphate. Some writers claim this remedy is specific in la grippe.

The tongue has a dirty greenish gray or greenish brown coating at the root. The cough with thick, ropy, greenish, pus-like expectoration; soreness of the chest, which is better by pressure; patients hold on to the chest when coughing. There is aggravation from lying on the left side.

The Bryonia cough corresponds to natrium sulphate in the all-gone sensation in the chest, and soreness and relief in holding the chest; but the latter has much more the muco-purulent, thick, greenish sputa. I use natrium sulphate often where there is irritable liver, soreness of the liver to touch, etc., with sharp sticking pains, with good results. Dewey gives the symptom, "pain in left hypochondriac region, often accompanied by a cough with purulent expectoration."



Occipital headache with other natrium symptoms suggests this remedy.

Magnesium phosphate. The cough is generally the true spasmodic cough, — dry, tickling, with constriction of chest and throat. Dr. Bennet spoke of a case of pneumonia where he gave ferrum phosphate for the first stage and for the cough magnesium phosphate, using only those two remedies, making a quick cure.

Dry tickling cough with relaxed uvula is cured by calcaria fluorica.

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## THE KNIFE VERSUS ELECTRICITY IN TUBAL PREGNANCY.

BY HORACE PACKARD, M.D.

[*Read before the American Society of Electro-Theraputists.*]

INTRODUCTION. — The discussion of this subject involves the question of methods. Methods employed vary according to training, practice, and prejudice, and although diverse, may reach the same end, and must be judged according to their results.

Given a known condition, the results of some one particular method employed must accurately be known in order to judge intelligently of the merits of that method.

The primary object of any method of treatment in tubal pregnancy is the preservation of the mother's life. The ovum dies anyway.

Before considering in detail the different methods, it is pertinent to inquire, What are the conditions which seriously menace the mother's life?

There are two only, namely : —

1. Rupture of the tube upward accompanied with free hemorrhage into the abdominal cavity — a common occurrence.
2. Rupture of the tube downward without hemorrhage, and continuation of the life and development of the child

up to or through the later months of pregnancy—a rare occurrence.

The previous and intermediate conditions and variations between these extremes are many.

*The Period of Tubal Pregnancy prior to Rupture.*

The first few weeks, six or eight, the evolution of the ovum goes on within the tube without incident, or at least in the majority of cases, without sufficient deviation from the normal symptoms of pregnancy to lead the patient to seek medical advice.

As a rule, the first symptom to awaken anxiety is pain, mild to terrific, in one or the other tubal region, followed usually by nausea, faintness, slight to complete syncope, pallor, ending in complete exsanguination and death.

Prior to this onset of menacing symptoms, the most fortunate occurrence which can take place is the death of the ovum.

At this period I know of no agent which can be so accurately and effectively applied as a lethal current of electricity. But alas, how rarely at this opportune time is the patient within the physician's grasp so that he may make a diagnosis. In every case of tubal pregnancy which has come under my observation this golden opportunity has been lost, simply because nothing was known of the condition until the violent symptoms incident to rupture appeared. One of my earliest cases was treated with electricity; the patient recovered and is alive and well at the present time. It is my candid opinion, however, resultant from riper experience, that recovery was from the fortuitous kindness of nature rather than skill in diagnosis or selective treatment, for there is now no question in my mind but that rupture had already occurred.

In concluding this portion of the subject, we may summarize as follows:—

1. Electricity is the agent *par excellence* for the destruction of the ovum in the early weeks of tubal pregnancy prior to rupture.
2. Practically it is very rare for the conditions to be within



the physician's grasp, to be treated by any method at this time, hence electricity from natural limitations holds but a small place in the treatment of tubal pregnancy prior to rupture.

It is a question not decided whether rupture through the upper segment of the tube into the abdominal cavity ever occurs unaccompanied by hemorrhage. It is known that hemorrhage incident to such a rupture varies in rapidity and amount. In some cases it is so free and copious that fatality supervenes before medical or surgical aid can be summoned, and in other cases days elapse following the first symptoms of rupture, and the patient still lives on, though showing positive exsanguination, the loss of blood slowly going on all this time.

Reasoning from analogy it seems plausible that such rupture may occur without hemorrhage, for we have positive evidence that it occurs this way sometimes *downward into the folds of the broad ligament*, with perpetuation of the child's life for a longer or shorter time.

Another mooted point is whether incident to such rupture upward the ovum ever continues to live and develop. Theoretically it seems more reasonable to believe that it always dies, for bereft of covering of the maternal parts (the wall of the tube), the only envelope remaining to cover and protect the foetus is the foetal membranes (the chorion and amnion).

We must admit, however, that nature's ways and resources are sometimes marvellous and startling, and it may be possible that an ovum thus ejected into the abdominal cavity can engraft itself upon neighboring peritoneal tissues and continue to live and develop.

This does not seem a physiological possibility. It appeals more strongly to one's reason to believe that if such a sequel ever does occur, the ovum remains adherent to the tube at the original site, that the patch of tubal mucous membrane exposed at the point of rupture furnishes the placenta with a suitable soil in its early development and later it spreads widely over surrounding viscera. If such ever does occur it

explains the old ideas regarding so-called abdominal pregnancy. If, mayhap, an ovum has survived and gone on to the seventh, eighth, or ninth month the surrounding parts must have become so changed, displaced, and buried under the placenta and membranes that no landmarks remain to indicate that it ever was a tubal pregnancy.

My personal experience in all the cases of this class with which I have had relation has failed to corroborate such theory. As far as I have been able to judge, the foetus, placenta, and membranes have always been extra peritoneal. However high in the abdominal cavity the developing foetus has risen, there is still above all and outside all a peritoneal covering. Obviously this would not be the state of matters if the ovum escaped from the rent in the tube and became engrafted upon the peritoneal surface. We have no positive knowledge of the growth and development of an ovum upon any other matrix than cylindrical epithelium, such as is normally found lining the uterus and Fallopian tubes.

In conclusion, then, of this, the second division of our subject, we may assume, as far as our present knowledge warrants, that:—

Rupture upward or through the superior segment of the tube results in:—

(a) Hemorrhage (slow or rapid) and death of both mother and foetus.

(b) Absence of hemorrhage, probably death and absorption of foetus, continuation of life of the mother.

(c) Possibly, but in extremely rare instances, continued life of the ovum, constituting the old so-called abdominal pregnancy.

The most urgent condition to be met at this turn of affairs is the hemorrhage. Manifestly there is but one remedy for it, namely, abdominal section, exposure of the ruptured tube, ligation and removal.

No one knows how frequent an upward rupture of the tube unaccompanied by hemorrhage occurs, for the very reason that beyond an attack of pain, which might pass as colic, no further symptoms would be likely to occur, unless



it be the rare chance of continued life of the foetus, which I personally gravely doubt and which would not become manifest until later, through enlarging abdomen, steady localized pain, placental souffle, etc.

Under the conditions above described, then, and at this stage of tubal pregnancy, the remedy must be the knife.

I cannot comprehend how any discussion of the propriety, nay, urgency of operation under the given conditions can arise.

After a diagnosis of ruptured tubal pregnancy has been made, place your patient in the most favorable environment and proceed to an operation without delay. If you find the abdomen full of blood and a two months' old tubal gestation from which the lifeblood of your patient is slowly but surely oozing away, you will breathe a prayer of gratitude that you have saved your patient's life in the quickest and safest way known to science.

*Rupture of the Tube Downward, with or without Hemorrhage between the Broad Ligament.*

This may well constitute another division of our subject, for the conditions are totally different from the preceding.

Of immediate danger to the patient's life there is little.

The hemorrhage, if such occur, is received between the folds of the broad ligament and may dissect up the peritoneum for a considerable distance, even to the opposite side, and thus bury to obscurity all the pelvic organs. In all cases of this kind, however, the hemorrhage finally spontaneously ceases, because the resistance of the surrounding tissues becomes greater than the pressure of blood. Extravasation is never sufficient to produce syncope. As far as I can judge, it has never exceeded a pint even in the worst cases which have fallen into my hands.

The symptoms incident to rupture of the tube are frequently overlooked or escape scrutiny and are forgotten, especially if none of the early indications of pregnancy have been present. Once the tension of the tube be relieved by rupture, with escape of the ovum into the broad ligament, pain ceases or at least becomes greatly mitigated, and the

fears of the patient are allayed. Often this phase of the situation is passed through without medical aid being summoned. There persists, however, a feeling of uneasiness, fulness, and subdued pain in the pelvis which does not yield to expectancy or domestic remedies.

A physician is finally consulted and on vaginal examination finds the pelvis occupied in part, or wholly, with a diffuse, tense, bulging tumor impinging closely upon the uterus, or it may be burying it, and reminding him, in its feeling of elasticity, of a pelvic abscess. This is the true pelvic hæmatocele.

Careful analysis of the history of the case will probably disclose the fact that the patient has missed a period, has had morning sickness, has herself had an idea that she is pregnant, and has had severe to agonizing pain in one or the other tubal region, which she has called "colic," and has also been without elevation of temperature.

Unfortunately the clinical picture may be *far from so complete* as thus described; indeed, it has been frequent that I have been able only to elicit a history of pain, normal temperature, and pelvic tumor, upon which to base a diagnosis.

With such an extravasation of blood the foetus dies and is lost in the clots which engulf it. The treatment of this condition is open to the widest discussion and personal choice.

1. Patients never die from this condition even if let alone; at least I have never known or heard of a fatality. The blood is gradually absorbed, the tumor diminishes and finally disappears altogether.

2. It would be quite within the bounds of propriety to make abdominal section, clear the clots from the pelvis, and remove the ruptured tube. With the present scientific accuracy of surgery this would be a safe procedure, and bring about a much more rapid convalescence than the first course mentioned.

3. The bulging tumor may be opened in the posterior cul-de-sac and the blood and clots washed and curetted out. This is followed by rapid collapse of the tumor and recovery.



I must confess, however, I have been sceptical regarding this method, though I have often resorted to it.

I cannot quite shake off the fear that in some case thus treated the hemorrhage may start up again after the pressure of the clots has been removed, or that the cavity which still contains fragments of clots even after the most thorough washing may become infected with some virulent form of bacteria and fatal septicæmia supervene.

I cannot discuss the value of electricity under these conditions. What it might do to promote absorption of the clots I do not know. It is my hope that those present skilled in the use of electricity may aid us with their knowledge. The ovum is already dead, hence the employment of electricity is not needed for purpose of foetal electrocution.

*Rupture of the Tube into the Broad Ligament without Hemorrhage, with Continuation of Life and Development of the Fœtus.*

That this is an occasional sequence of tubal pregnancy we have abundant proof. Just what per cent of all cases take this course I have no means of knowing. In my own list, numbering thirty or more, there has been one only; this (three and one third per cent) is, I am convinced, too large. It is doubtful, indeed, if it reaches one per cent. The physical changes incident to this phase of tubal pregnancy are profitable to speculate upon. The absence of hemorrhage and continued adhesion of the ovum to the tubal mucous membrane probably determines the maintenance of its life and development.

The small patch of tubal mucous membrane available is probably the nucleus for the placental attachment which, as it develops, spreads laterally over the adjacent peritoneal structure. The relation of the placenta to the peritoneum is an interesting one. It is to be remembered that the gestation is now going on wholly outside the peritoneum and hence the placenta is attached to the outer surface, is under it, in fact. As the fœtus develops, placenta, tube, and peritoneum are pushed up, and virtually roof over that part of the pelvis. In the one case of this character in my list, the

placenta was thus located and inclined towards the anterior abdominal wall. The placental souffle was startlingly loud on auscultation over the right half of the lower portion of the abdomen, and on exposure through abdominal incision was found so obtrusive that the gestation sac could with difficulty be opened without wounding it. This case fell into my hands in the fifth month of its development. No suspicions had, until shortly before, entered the patient's mind that she bore other than a normal pregnancy. Finally medical advice was summoned because of increasing pain and anguish. The early part of the pregnancy, tubal rupture and all, had been passed through without suspicion that anything was wrong and without medical attendance. The pain incident to rupture passed as an attack of colic.

It is probable that cases of this kind, which pass the epoch of rupture with continued life of the foetus, very rarely go to the full time of pregnancy. For one or another reason the foetus is blighted and dies in the third, fourth, or fifth month, mummifies; the placenta, atrophies, and final deposition is made by nature through gradual absorption, disintegration, suppuration; and final discharge by the rectum or vagina or impregnation with lime salts and the formation of a so-called lithopædion.

Diagnosis may be easy or difficult, according to the stage of development when the case first comes to the physician's attention. A history of the usual early signs of pregnancy, attack of "ovarian colic" in the eighth, ninth, or tenth week, a symmetrically enlarging abdomen, increasing pain and anguish in the side of the abdomen affected, and on examination an empty uterus pushed to one side, placental souffle and foetal heart beat, will leave no grounds for doubt. Such a clear unmistakable picture would not be expected unless the foetus were in the fifth month of development. Prior to that the most fragmentary and misleading symptoms may be presented. These three, however, should always be present: —

1. A history of a well-marked colic attack.
2. A tumor filling one side of the pelvis.



3. An empty uterus displaced laterally.

If any one is lacking it is probable that you are not dealing with a broad ligament gestation.

Much is made of the symptom "shreddy discharge," but my experience has been disappointing regarding this. In one of my most critical cases the only description of vaginal discharge which I could secure from the patient was that it was "lumpy," and in others there has been no history of a bloody discharge different from the normal menstruation.

The thing to be devoutly wished for is early death of the foetus. The tendency of the times is for hurried abdominal section to be made, but the patients so treated all die, or at least the mortality is very high. The operation at best must be an incomplete one, for the placenta must not be disturbed, for so sure as it is, the patient dies before she is off the table. If it be left undisturbed the wound must be left open, and by a slow process of suppuration the placenta sloughs away.

It is my opinion that more patients in this rare class would be saved if greater conservatism would be observed. The death of the foetus can be accomplished easily and surely with the electric current without danger to the mother's life. This brings the gestation to an end. Nature teaches us much here, for have we not seen how she disposes of such a blighted pregnancy? Every day of waiting after the foetus has been destroyed makes the conditions more favorable for final surgical measures. The shrinking placenta becomes after a while no obstacle, for its blood vessels have become obliterated. The foetus mummifies, the whole gestation sac shrinks. How remote after the electrocution of the foetus the operation should be I am not prepared to say. Probably each case would have to be judged according to accompanying conditions.

According to the writer's views, then, the treatment for this unfortunate phase of tubal pregnancy is:—

1. The electric current for destruction of the foetus at the earliest possible time.

2. Surgical operation for removal of the atrophied placenta and foetus at such time following the death of the foetus as

the condition of the patient and the probable state of the contents of the gestation sac may indicate.

#### SUMMARY.

##### *The Knife.*

In every case of upward rupture of the tube accompanied with hemorrhage — urgent.

May be used in cases of downward rupture of the tube with hemorrhage (pelvic hæmatocele) — not urgent.

After death of foetus and atrophy of placenta, to remove the lifeless products of gestation.

##### *Electricity.*

In cases when the tube is still unruptured — rare.

In cases either of upward or downward rupture without hemorrhage, when the foetus has survived and is still alive at the fifth, sixth, or seventh month.

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## SQUINT.

BY DAVID W. WELLS, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, October 11, 1899.*]

Squint is the common name for convergent strabismus. By it is meant that condition in which the visual lines do not meet at the point "fixed." When one eye "fixes" or looks at a given point, the other eye turns in towards the nose. The squinting is usually confined to one eye, but it may be alternate. This condition must be distinguished from a paralysis of one or more of the ocular muscles, in which case the motion of the eye is limited, in the field of action of the affected muscle.

In squint each eye separately is able to fix every part of the field. This is often spoken of as *concomitant* strabismus from the fact that it is an error of the *associated* movements of the eyes, for if the fixing eye is covered and the squint-



ing eye is made to fix, it may be noticed that the sound eye converges to the same degree as did the squinting eye. This deviation may also be outward or vertical, but this paper will be devoted to a consideration of the convergent form only.

Squint may be constant or intermittent or only occasional—the result of some sudden emotion. The writer has a patient in whom the defect is not noticeable unless the subject is mentioned, when immediately the turning is very pronounced.

### *Clinical History.*

The condition is seldom congenital. It is usually first noticed as a “cast in the eyes” when the child commences to play with small objects, perhaps only seen when he is tired or angry. It seldom becomes pronounced until three or five years of age.

It often follows pertussis, laryngitis stridulus, fright, or nervous shock. Seeing another person squint may mark its inception.

Although a permanent squint may be suddenly established without history of previous periodic attacks, it is doubtful if the previously mentioned precursors are more than *exciting* causes, the squint being the culmination of a preëxisting tendency. Once established, the condition generally remains permanent, although, in the language of Fuchs<sup>1</sup>: “In exceptional cases it happens that children with strabismus gradually cease squinting as they grow up and lose their strabismus about the age of puberty. They ‘outgrow’ (so it is said) their squint. But the eye that was previously deviated *is left with its sight permanently weakened, and accurate binocular vision is never restored.*” This subject will be again referred to under the head of *treatment*.

The etiology of squint is a subject about which there is quite a diversity of opinion. The examination of the typical squinter at the age when the oculist is first consulted, namely, three to ten years, reveals the following conditions.

Hypermetropia, that is, far-sightedness or the shortened

<sup>1</sup> Text-book of Ophthalmology, 1898.

eyeball (one flattened posteriorly), is almost universal. If the latent form is included, that is, hypermetropia which is made manifest only by a cycloplegic, that is, a paralyzer of the accommodation, it is present in ninety per cent of the cases.

Generally the vision of the squinting eye is less than the other, while amblyopia, that is, defective vision which no glasses will correct, is often present. This may be due to a hazy cornea, following a former keratitis, or there may be no discoverable lesion. Diplopia is never a symptom of a well-established squint. The relative strength of the recti muscles may be normal, that is, the adductors three times the abductors, or there may be a decided loss of abduction.

With these facts in mind, let us consider the various theories as to cause. Donders maintained that hypermetropia was the sufficient factor in its production, the reverse condition, myopia, being the cause of divergent strabismus. It was well set forth that the excessive and constant accommodation of the hyperope exhausted the resources of the ciliary until finally binocular vision was sacrificed upon the discovery that excessive convergence augmented accommodation and relieved the overdraft on this function. The relative strength of the adductors and abductors was thought to be of little moment. Naturally the occurrence of hypermetropia in such a large proportion of the cases gives color to this view, but the other fact is that hypermetropia *is the rule* in children and only a small *minority* of children squint. Moreover, hypermetropia of high degree is not so common among strabismics as the medium amount, 2-3 D. The fact of the poor vision in so many squinting eyes was claimed to be due to a loss from disuse. "Amblyopia ex anopsia."

But it is now held by the majority of competent observers that the amblyopia *precedes* the squint. It is doubtful if there exist a true amblyopia ex anopsia. There is a suppression of the retinal image received by the squinting eye, otherwise a constant diplopia would exist. Excessive adduction is not sufficient as a cause, since the relative strength of these two antagonistic forces *may* be normal. Defective in-



nervation of the muscles has been assigned as a cause. It has been claimed that there is a differential innervation of the different fibres of each rectus muscle. But it would seem to be more scientific to reserve this practical begging of the question as a last resort.

If now, instead of trying to find a cause which will explain all cases, we divide the squints into four classes, it seems to the writer that a satisfactory explanation may be given for each.

*First class.* Those in whom vision is normal in both eyes. Here it will be readily demonstrated that the *abduction* is relatively weak, so weak that the fusion power is unable to overcome the strong tendency inward. By this fusion power is meant that coördination which involuntarily turns the eyes so that the image falls on corresponding points of the two retinae, which is the *sine qua non* of binocular vision.

*Second class.* Hypermetropic eyes will tend to squint if the adduction and abduction are normal (3-1) in order to relieve the excessive accommodative effort by a hyper-convergence. A difference in the refraction of the two eyes or the occurrence of astigmatism will, of course, augment the tendency. Valk claims that all hypermetropic cases that do not squint owe their salvation to an excessive *abduction*.

*Third class.* The amblyopic eye squints because the fusion impulse is weakened or wanting. The eye has no incentive to inhibit the dynamic resultant of the muscles. Nothing short of an absolute balance of the muscles will keep this eye straight. The frequent development of squint in an eye which has become amblyopic from injury or haziness of the cornea is a sufficient demonstration of this principle.

*Fourth class.* Those abnormal eyes which are *apparently* crossed, but which show no movement with the cover test. Here we have a macula relatively misplaced. Also cases for whom binocular vision is impossible, probably from some abnormality of the distribution of the crossed and direct fibres of the chiasm. These cases may be diagnosed by the fact that with no combination of prisms can binocular vision

be effected. The double images may be made to approach, but a slight increase in the prism will throw the image to the other side. Fusion impulse is *nil*.

In most that has been written on this subject of etiology, it has been assumed that normal vision is present at birth. In the lower animals this is undoubtedly true. Not only do they almost immediately walk or run, but the coördination of the visual centres would seem to be at least sufficient to enable the animal to secure its food. As we advance in the animal scale toward man there is evident a lengthening of the period of infancy, the significance of which has been very generally overlooked.<sup>1</sup> It is this lengthening of the period of plasticity that emancipates to a certain extent the *young* of man from the thralldom of heredity, which enables him to mark out new paths of coördination in the jungle of his cerebral hemispheres. Preyer<sup>2</sup> says: "On the whole I have found that in the newly born, one eye very often moves independently of the other, and the turnings of the head take place in a direction opposite to that in which the eyes move. The unintentional character of both movements is plainly recognizable and the combination of the two is at the beginning of life accidental."

Priestly Smith<sup>3</sup> says: "All eyes are highly amblyopic at birth. Those which later reach the standard of normal vision do so by a process which occupies several years." These facts bear strongly on etiology and treatment.

Any defect either in refraction or visual perception or muscle balance may start the child on wrong lines and the fusion impulse may never be realized. This early suppression may cause a true amblyopia ex anopsia, but not in the old sense, that is, it is not the loss of a faculty once possessed, but an arrested development.

### *Treatment.*

Etiology has been entered into at some length because, without a thorough understanding of the factors which have

<sup>1</sup> John Fiske, Essay: The Meaning of Infancy.

<sup>2</sup> W. Preyer, The Senses and the Will, Jena, 1884.

<sup>3</sup> *British Medical Journal*, July 2, 1898.



produced the condition, intelligent treatment is impossible. "Binocular vision is essentially a cerebral function,"<sup>1</sup> and while the fusion coördination is ordinarily involuntary, yet it is truly surprising to what extent one may control this and disassociate his convergence and accommodation by practice. The familiar example of the suppression of one image when using a monocular microscope is very suggestive of the possibilities of restoration of binocular vision by proper training.

The first and foremost indication is to determine the total refractive error. A thorough course with a cycloplegic, preferably Atrop. sulph. gr. j ad 3ij (1%) gtt. j once a day, must be instituted and continued for at least ten days, and in some cases I have used it a month. It may be necessary to repeat the instillation at intervals should there be recurrence of spasm. Glasses may be ordered of full strength, that is, equal to the total hypermetropia; but a gradual working up to the strongest is better borne by the patient. With a very young child glasses are impracticable, but with a three-year-old I do not hesitate to order them. The "golden opportunity" is while the squint is still periodic and has not passed over into the permanent form.

As previously stated, the refractive error may not be excessive, and one should not hesitate to order the correction because it seems slight, for even a slight amount may turn the scale in a case in which the fusion function is weak. Prisms, base out, may often be advantageously combined and gradually reduced if possible. It sometimes happens that as soon as the glasses are put before the eyes, an immediate straightening takes place, and the reduction of the deviation by a third or a half is not at all uncommon.

The "educative" treatment consists in first compelling the *use* of the squinting eye by a bandage or pad used over the fixing eye for repeated periods of an hour or two every day. The child will rebel some against this and may at first find some difficulty in walking and estimating distances, but perseverance will usually be rewarded with great improve-

<sup>1</sup> Noyes, Diseases of the Eye, New York, 1894.

ment in both vision and in fixing power. This method has the advantage of being applicable to the youngest child. If the child has learned to read, the desire for fusion can be cultivated and strengthened by arranging a vertical obstruction in the median line about halfway between the book and the face. A lead pencil answers the purpose very well. If one eye is closed this will cut off about six letters of ordinary type, and unless one uses both eyes he will not be able to see behind the pencil.

Binocular vision exists in all degrees of perfection, and it is not necessarily secured because the eyes are properly fixed. The head, book, and pencil must not be moved, and by closing the eyes alternately it will be discovered that each can look behind the pencil about half an inch, that is, the fields of the right and left eyes overlap. The instant every letter in a line can be seen binocular vision is secured. For an older patient this is a rather pleasant occupation, and if the matter read be somewhat interesting, an extra stimulus to fusion is given.

Stereoscopic pictures have been so devised that fusion is necessary to see the whole picture. If this is impossible suitable prisms may be placed in the stereoscope to assist. These are to be replaced with weaker ones as the faculty improves. All of these educative measures require time and patience.

In the line of *materia medica*, Norton tells us that "the use of remedies has in the early stages of many cases relieved the tendency to permanent strabismus." He mentions particularly *Cicuta vir.* and *Jaborandi*. The writer has no personal experience in this line to offer, but suggests that it is our duty to first seek and remove the "mechanical" cause and supplement with medicine.

If after reasonable treatment all these measures prove ineffectual, recourse should be had to an operation. This is either a tenotomy of the strong muscle or a shortening of the weak one. Tenotomy is a comparatively simple operation to execute, but furnishes an opportunity for the exercise of considerable judgment. The operation for advancement



is much more difficult and the result not so easily gauged. Undoubtedly more attention should be given to the weak muscle. Taking a tuck in the tendon has the advantage of not interfering with the attachment, with the chance of subsequent stretching. An instrument called a tendon tucker has been devised by Dr. Greene, of Grand Rapids, Mich. It consists of a pair of forceps with ends bent at right angles, one jaw sliding over the other. This enables one to *tuck* the tendon to any desired amount, and hold it in position while sutures are being applied. When the conjunctiva is closed over this a decided *bunch* is apparent, but this soon disappears.

In closing, just a word of caution. It is certainly bad practice to advise waiting to see if the child will not outgrow the trouble. To repeat a statement previously quoted from Fuchs: "In exceptional cases it happens that children with strabismus gradually cease squinting as they grow up, but the eye that was previously deviated is left with its sight permanently weakened and accurate binocular vision is never restored."

## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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## CONCERNING SOME MEDICAL STUDENTS.

There has been such an uncalled-for and unnecessary publicity, through the daily press, given to childish pranks on the part of some of the medical students that the following communication will be of interest to all readers of the *GAZETTE* : —

BOSTON UNIVERSITY SCHOOL OF MEDICINE,  
EAST CONCORD STREET, BOSTON, NOVEMBER 28, 1899.

Dear Doctor : — In order that you may know the real state of affairs I take pleasure in sending you the inclosed clipping. This is a statement of the case which I can endorse.

Very truly yours,

J. P. SUTHERLAND, *Acting Dean*.

Boston University seniors, who have been in trouble over the disturbance created at Westboro recently, had a meeting at nine o'clock this morning, and came round to the opinion that an apology should be made. This was done. At 11.30 Acting Dean Sutherland was called into the meeting, and the results of their deliberations were communicated to him. As a member of the faculty, he declared them to be acceptable. They were forthwith forwarded to Hon. Alden Speare, chairman of the board of trustees for the Westboro Hospital. The class went to their usual lectures at twelve o'clock.

Concerning the recent reports of trouble at the Boston University Medical School, Acting Dean John P. Sutherland made the following official statement last evening : —

The faculty would have much preferred that the affair should have been settled quietly and without publicity, as there was nothing in it of interest to the public ; but as the matter has been widely stated and in great measure misstated, we feel that a brief official statement



is due both to the faculty and to the friends of the school. Greatly to the regret of the faculty, the matter has already been distortedly and unofficially reported in the public press.

The Westboro Insane Hospital, which is a State institution, but under homœopathic control, has for many years extended to the senior class of the Boston University Medical School the privilege of attending a certain number of clinics each season. The students have always made use of their privilege and have profited greatly by this means. The clinics of an insane hospital are necessarily of a depressing sort, and after a study of such a constraining nature a reaction into the usual spirits was only to be expected. On the day in question the students had concluded their work at the clinic and were awaiting their train at the station. During the three quarters of an hour which was to elapse before its coming they occupied their time in singing college songs, giving college yells, and in other in-offensive ways, but in no manner breaking the rules of the company. The station agent spoke to them with what seemed to the students undue asperity, and some words followed. Of this the faculty had no knowledge at the time.

Two weeks later, on November 10, the members of the class came up again, and this time they were prepared to show the station agent what they could do in the way of noise. They attended the clinic as usual and conducted themselves with proper decorum. On the road no disturbances were made, but when they arrived at the station they made a great noise. Horns and whistles were made use of and the station agent was treated to a genuine serenade. In the whole affair there was no malice; they simply retaliated for what seemed to them an unnecessary display of authority on the part of a minor official of the road. The offence, if there was any, was confined to noise. No property was injured and as far as is known no passenger was annoyed. But in a way they represented the Boston University Medical School, and thus the faculty was compelled to take cognizance of the matter, although knowing that no malice was intended.

The event would probably have passed without reaching the ears of the faculty if one of the trustees of Westboro Hospital had not happened to be on her way home at the time. She was driving down the hill toward the station, and arrived when the uproar was at its height. She was greatly shocked at the undignified proceedings and she so expressed herself to the students. The latter, quickly brought to a sense of their indecorum, made an apology to the lady, who was

at that time unknown. The noise quieted down, and no more disturbance was made before the coming of the train.

The trustee, speaking officially, reported the matter to Acting Dean Sutherland the next morning, and made a formal complaint against the class. Before the matter had had time to be considered by the faculty the board of trustees of the Westboro Hospital debarred the senior class from further attendance upon all clinics indefinitely. With this action the faculty had nothing whatever to do, except as they must of course respectfully assent to any decree passed by the trustees of the hospital.

The faculty presented the matter to the students, requesting an apology to the trustees. The students at first demurred, maintaining that the apology offered on the spot at the request of the trustee constituted a sufficient apology. As the trustees had shown by their action subsequent to the apology that they did not consider it sufficient to condone the offence, the faculty had no choice but to insist that the further and sufficient apology demanded by the trustees should be offered.

The report of the suspension of the class to which such wide publicity has been given has no foundation in fact. The dean at no time stated that the class as a class was suspended. The word was used distinctly with reference to the exercise of the day and had no future significance. As the class had not found time to fully consider the matter in the week during which it had been pending, it was thought best to grant them a recess until they should have arrived at a satisfactory settlement of the affair.

Dr. Sutherland expressed the expectation that the matter would be satisfactorily disposed of at a meeting of the class which is to be held to-day. — *Boston Transcript.*

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## THE NEW DEAN.

Dr. John P. Sutherland has been recommended to the trustees by the faculty of the Medical School as their choice for the position of Dean, made vacant by the demise of the late Dr. I. Tisdale Talbot. This choice was in the natural course of events from the fact that Dr. Sutherland, having been Registrar of the institution for many years, and for the past two years the acting Dean, should be especially fitted by ex-



perience for the position. There is no reason to doubt that this selection will meet with the general approval of those interested in the welfare of the school.

Dr. Sutherland is one of the older alumni, and has, almost ever since his graduation, been on the teaching staff of the college, and we sincerely hope the alumni will extend to the new Dean all the help and encouragement possible.

There has always been a complaint of lack of *esprit de corps* on the part of the alumni, but with one of their own members at the head of affairs there should be no further need for any such criticism.

Our own feeling in the matter is that the most effective manner in which to interest the alumni is to give them some voice, be it ever so small, *as an association*, in the management of the school.

Now would seem a most propitious time to establish in the Alumni Association an advisory board or board of overseers who should have the privilege and right of conferring with the faculty or trustees, or both, on such matters as are of vital importance to the school. We sincerely hope that some definite action in this direction may be taken by the Alumni Association this year.

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## THE NEW MEDICAL DIRECTOR.

On October 1 Dr. W. O. Mann entered into his duties as Medical Director of the Massachusetts Homœopathic Hospital. Dr. Mann is a young man about thirty years of age, born in Massachusetts, and received his medical education at Boston University Medical School, from which he graduated in 1890. Immediately on graduation he went to the Westboro Hospital as one of the assistant physicians, where he remained two years, when he went as first assistant physician to the insane hospital at Fergus Falls, Minn. From there he was summoned to his present position.

From this it will be seen that his whole professional life thus far has been institutional, and he comes to his new posi-

tion thoroughly equipped in the most essential qualifications, and already we understand the hospital begins to show good results. The trustees of the hospital are to be congratulated on having found a man so thoroughly trained for the position, and we bespeak for Dr. Mann the hearty coöperation and support of his fellow alumni and the profession at large.

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## EDITORIAL NOTES AND COMMENTS.

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### THE RESTORATION OF HAHNEMANN'S TOMB.

The total amount of contributions, received by Dr. Cartier, for the restoration of Hahnemann's tomb, in Paris, is 17,424.40 francs.

The design adopted was that of Lardot, and according to Dr. Cartier's description in the October number of the *Revue Homœopathique* is as follows: "The monument is composed of a central piece and two lower sides. In the centre is a pedestal, ornamented with carvings and bronze garlands, which supports Hahnemann's bust; back of the pedestal a large stela (arch), surmounted by carved emblems and of 3 m 80 in height; on the body of the stela is Hahnemann's epitaph; at the foot of the pedestal is read, 'International Subscriptions.'

"On the sides are engraved — on the left, the works of Hahnemann, on the right, his sentiments.

"The sides of the base on which are engraved the works and sentiments are further ornamented with palm leaves, consoles, and plaques in relief, for engraving letters.

"In front of the monument are double perpendicular stones, moulded to hold a railing in antique green bronze, Greek style.

"The monument will be of Scotch red granite, from Peterhead, of imperishable polish, except the sub-base, which will be of Normandy granite, probably Vire.



"In the agreement with the house of Lardot, the monument must be finished for the International Congress of 1900, which will be held at the Exposition, from the eighteenth to the twenty-first of July.

"Subscriptions will be received until the thirty-first of December, 1899, as certain parts of the tomb can be much more richly ornamented."

Those who desire to contribute have as yet the privilege of sending in their amounts up to the first of January, 1900.

The fund in hand covers the contract already made for the statue and restoration, but some further ornamentation should be added to the monument, and any additional subscriptions will be used for this purpose.

The French Society is pleased that the American physicians have taken so much interest in this restoration of Hahnemann's tomb, especially in view of the grand monument which they contemplate placing in Washington.

As the American member of the Commission, I desire to thank the physicians of our country for the deep interest which they have manifested in this measure.

The monument will be dedicated during the International Congress to be held in Paris, in July, 1900.

BUSHROD W. JAMES.

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## NOTES ON CURRENT RHINOLOGICAL AND LARYNGOLOGICAL LITERATURE.

BY GEORGE B. RICE, M.D.

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### THE USE OF SUPRARENAL EXTRACT IN CONJUNCTION WITH COCAINE, TO OBTAIN BLOODLESS AND PAINLESS OPERATIONS.

Under this heading, Peters, in the *British Medical Journal*, writes of the combined use of the above drugs in operations on the ear, nose, pharynx, and larynx. He finds that a 10 per cent solution of these agents is useful for nose and phar-

ynx, and one of 20 per cent for ear and larynx. My own observation teaches that these solutions have been used separately for a year or more by nose and throat surgeons. It has been found that a 20 per cent solution of suprarenal extract applied to the nose on cotton pledgets and allowed to remain from ten to twenty minutes, followed by an application of a combined five per cent Beta eucaine and an eight per cent cocaine, makes a bloodless, painless operation possible. The addition of eucaine seems to render the anæsthesia more complete with a minimum of risk in producing cocaine poisoning. Eucaine is considered to be only one third as toxic as cocaine when used alone. In combination, one drug apparently counteracts the effects of the other. Bleeding is more likely to occur after the use of the suprarenal extract, but this may be obviated by taking unusual care in the adjusting of the gauze dressings.

#### DESTRUCTIVE DISEASES OF THE NOSE.

[*Homœopathic Eye, Ear, and Throat Journal*, September, 1899.]

Dr. Edward Beecher Hooker, of Hartford, Conn., mentions atrophic rhinitis and syphilis as of particular interest in this connection. He presents one case of syphilis of the nose, attended with a horrible and penetrating odor, as having been relieved almost entirely by forcible syringing with  $\frac{1}{2000}$  bi-chloride solution, potassium iodide having been given internally in five-grain doses four times daily. In the treatment of atrophic rhinitis with odor, Dr. Hooker lays great stress upon the necessity of frequent, thorough cleansing of the nose. In his hands the syringe and salt water have been most efficacious.

#### PEMPHIGUS CHRONICUS VULGARIS OF THE LARYNX AND MOUTH.

[*New York Medical Journal*, November 25, 1899, by Dr. J. H. Bryan.]

This case is of interest because of its comparative infrequency. The patient consulted Dr. Bryan for frequent short attacks of laryngeal irritation and sense of a foreign body in the throat. An examination with the laryngoscope



revealed a small membranous deposit on the laryngeal surface of the right half of the epiglottis. This piece was removed, and a microscopic examination proved it to be *Pemphigus vulgaris*. There were frequent recurrences of the disease in different portions of the mouth and throat, but under the use of Fowler's solutions there had been no symptoms up to the date of the paper — a period of two months.

#### FIBRO-LIPOMATOUS TUMOR OF THE EPIGLOTTIS AND PHARYNX.

[*New York Medical Journal*, December 9, 1899.]

Dr. E. Fletcher Ingals reports a case of this disease before the American Laryngological Association.

The patient experienced difficulty in breathing or lying down, and the voice was muffled; but otherwise there were no marked subjective symptoms present. The growths were removed under cocaine anæsthesia with a cold wire snare at these different sittings. It was found that it had been attached to the upper portion of the right side of the epiglottis, to the right pharyngo-epiglottic fold, to a part of the base of the tongue, and to the right side of the pharynx. After an interval of three months no recurrence of the growth was apparent.

#### A CONTRIBUTION TO THE TECHNIQUE OF MODERN URANOPLASTY.

[*The Laryngoscope*, December, 1899.]

This is the title of a paper read before the New York Academy of Medicine at the section of laryngology and rhinology, on October 25, 1895, by Dr. James F. McKernon. The writer performs a preliminary tracheotomy previous to doing the operation for complete cleft of the hard and soft palate.

He administers chloroform through the tracheotomy tube, and after the operation protects the palatal wound with gauze dressings, both posteriorly and anteriorly, feeding the patient by the rectum. The dressings are changed every

day, or oftener if vomiting should occur. The sutures are removed on about the eighth day, and feeding by the mouth allowed from the tenth to the twelfth day. Four cases are reported illustrating the efficacy of this method. An interesting discussion followed. Several members believed that the preliminary tracheotomy was an unjustifiable procedure. Others thought the excellent and perhaps unusual results obtained, were sufficient reasons for adopting Dr. McKernon's method.

Search in modern medical literature will show that there have been but few contributions on the subject of cleft palate.

This paper and the opinions of those physicians taking part in the discussion are therefore welcome additions to our knowledge of the subject.

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## SOCIETIES.

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### **MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.**

The twenty-second annual meeting of the Massachusetts Surgical and Gynæcological Society was held on Wednesday, December 13, 1899, at the Hotel Nottingham, Boston.

The meeting was called to order at 3 P.M. by the President, J. P. Rand, M.D.

The records of the last meeting were read and approved.

The following physicians were proposed for membership: Emma F. Bridge, William Woods, John H. Lambert, John A. Hunt, Edwin D. Stevens, George H. Wilkins, Mary B. Currier, and Sayer Hasbrouck.

The following physicians were elected to membership: Charles W. Adams, M.D., Franklin Falls, N. H.; Frank E. Allard, M.D., Boston; Edward E. Allen, M.D., Charlestown; Ida F. Barnes, M.D., Beverly; James B. Bell, M.D., Boston; Alvin Boyce, M.D., West Medway; W. Louis Chapman, M.D.,



Providence, R. I.; Louis K. Cross, M.D., Boston; Florella Estes, M.D., Boston; Frank A. Hodgdon, M.D., Malden; A. K. P. Harvey, M.D., Somersworth, N. H.; Alonzo G. Howard, M.D., West Roxbury; Charles T. Howard, M.D., Watertown; A. M. Hubbell, M.D., Haverhill; Mary R. Lakeman, M.D., Salem; B. T. Loring, M.D., Boston; Frank L. Newton, M.D., Somerville; H. E. Rice, M.D., Springfield; Conrad Smith, M.D., Boston; Samuel H. Spalding, M.D., Hingham; Clara M. Sweet, M.D., Springfield; John F. Valentine, M.D., Boston; Nancy T. Williams, M.D., Augusta, Me.

The report of the Treasurer was read and approved.

Dr. Horace Packard, Chairman of the Committee on Change in Constitution and By-Laws, appointed one year ago, reported. His report was accepted and the committee continued, with instructions to prepare a copy of the Revised Constitution and By-Laws to be printed and sent out by the Secretary, with the announcement of the next meeting.

In the absence of Dr. Alonzo Boothby, Chairman of the Committee on the Obituary of Dr. Henry Houghton, the report was deferred until the next meeting.

The various committees appointed at the last meeting presented obituaries and resolutions, which were adopted by the society.

A Nominating Committee, composed of three appointed by the Chair, Drs. J. W. Hayward, H. A. Whitmarsh, and J. K. Warren, brought in nominations for officers for the society for the ensuing year. The report of the committee was accepted. The society voted that the Secretary be instructed to cast the ballot electing the following physicians officers for the year to come:—

F. A. Davis, President; H. E. Spalding, Robert Hall, Vice-Presidents; J. Emmons Briggs, Secretary; Grace E. Cross, Treasurer; J. P. Sutherland, Clara E. Gary, J. W. Hayward, Censors.

On motion of Dr. Spalding, the society voted to contribute the sum of \$50 in addition to the \$100 previously subscribed and paid towards the Hahnemann Monument Fund.

Dr. George R. Southwick presented a pathological specimen consisting of an adeno-carcinoma of the uterus removed by abdominal hysterectomy.

Dr. J. Emmons Briggs presented a pathological specimen of a pus tube to which the appendix had become very adherent; both tubes and appendix were removed in a single mass. Also six ruptured appendices, removed since November 18, 1899. The specimens represent six consecutive cases of acute suppurative appendicitis; three with peritonitis and three with localized abscess formations. All recovered, or doing well. He also presented photographs of a child who had a rudimentary tail, the coccyx bending posteriorly instead of anteriorly. The same patient had also a large inguinal hernia, which was operated upon at the same time by the Bazinni method.

#### PROGRAM OF THE SCIENTIFIC SESSION.

1. Annual Summary of the Progress in Surgery and Gynæcology. George R. Southwick, M.D., of Boston.

2. Conservative Treatment of the Ovaries. G. Forrest Martin, M.D., of Lowell. Discussion by Alonzo Boothby, M.D.,<sup>1</sup> and Eliza B. Cahill, M.D.<sup>2</sup>

3. Cervical Adenitis; Its Ætiology and Treatment. Frank A. Gardner, M.D., of Salem. Discussion by N. W. Emerson, M.D., and N. L. Damon, M.D.

4. A Study as to the Causes of Many Failures in Rectal Operations. F. W. Halsey, M.D., of Boston. Discussion by J. W. Hayward, M.D., and H. E. Spalding, M.D.

5. Some Suggestions on the Early Diagnosis and Treatment of Diseases of the Lower Bowel. Edward G. Tuttle, M.D., of New York. Discussion by Horace Packard, M.D., and F. P. Batchelder, M.D.

The Scientific Session adjourned at 7.15 P.M. After a recess of fifteen minutes the one hundred and thirteen members and guests present were seated for dinner.

The dinner finished, the President, J. P. Rand, M.D., delivered the annual address on "The Advantages of Fraternal

<sup>1</sup> Absent.

<sup>2</sup> Absent when called upon.

Associations," which concluded with the following resolutions on Medical Reciprocity : —

*Whereas*, The Massachusetts Surgical and Gynæcological Society believing that the laws for medical registration, as they appear in many States, are unjust to the reputable practitioner who for any reason may desire to change his location from one State to another ; Therefore be it

*Resolved*, That this society call upon the American Institute of Homœopathy, as the oldest national medical organization in this country, to take some further action towards bringing about a uniform system for registration in medicine, whereby a physician legally qualified to practise in any State or territory of this Union, or in the District of Columbia, may be allowed to register for practice in any other State or territory of this Union, or in the District of Columbia, upon the presentation of a verified certificate and the payment of a nominal fee ;

*Resolved*, That a copy of these resolutions be forwarded to the Chairman of the Legislative Committee of the American Institute of Homœopathy, for such consideration as may be deemed expedient.

On motion of Dr. G. Forrest Martin the society unanimously voted that these resolutions be adopted, and that copies of them be furnished the homœopathic press for publication.

After the President's address toasts were responded to as follows : —

Our Charter Members. J. W. Hayward, M.D.

Samuel Hahnemann. Nancy T. Williams, M.D., President Maine Homœopathic Medical Society.

The Granite Hills. Frank D. Worcester, M.D., Keene, N. H.

Echoes from Narragansett. Sayer Hasbrouck, M.D., President Rhode Island Homœopathic Medical Society.

The Guardianship of the State. Edward Beecher Hooker, M.D., President Connecticut Homœopathic Examining Board.

Rutland Hospital. H. C. Clapp, M.D., Physician in Charge.

The meeting was one of the largest in the history of the society.

J. EMMONS BRIGGS, *Secretary*.



**WORCESTER COUNTY SOCIETY.**

The annual meeting of the Worcester County Homœopathic Medical Society was held at Worcester, November 9, 1899, at the Board of Trade Rooms, Foster Street. The meeting was called to order at 10 o'clock by the President, John F. Worcester. The Secretary's report of the preceding meeting, together with that of the Treasurer for the year, were read and approved.

Drs. A. E. P. Rockwell, G. Forrest Martin, Solomon C. Fuller, and L. Everett Foster were elected to membership upon recommendation of the Board of Censors.

Election of officers for the ensuing year resulted as follows :—

President, Dr. Amanda C. Bray, Worcester.

First Vice-President, Dr. J. F. Luscombe, Fitchburg.

Second Vice-President, Dr. A. J. Atwood, Townsend.

Secretary and Treasurer, Dr. Frank R. Warren, Worcester.

Librarian, Dr. A. E. P. Rockwell, Worcester.

Censors, Drs. Charles L. Nichols, J. P. Rand, and J. K. Warren.

Dr. J. D. Craigh, of Chicago, made the society an offer of books from his library to be added to that of the society, which was accepted, and a vote of thanks tendered the donor.

At the conclusion of the business session, Dr. C. L. Nichols, Chairman of the Bureau of Materia Medica and Clinical Medicine, took charge of the meeting, and presented the following program :—

1. Aconite and Veratrum Viride, Differentiated, Dr. Geo. F. Forbes.
2. Chronic Rheumatism, Dr. Russell Bingham.
3. Medical Treatment of Melancholia, Dr. G. F. Adams.
4. Oxaluria, Dr. E. R. Miller.
5. The Tissue Remedies in Diseases of the Lung, Dr. J. M. Barton.
6. Salix Nigra ; its Effect on the Generative Sphere, Dr. H. L. Shepard.
7. A Clinical Case, Dr. F. T. Harvey.

These papers were all of great interest and were freely discussed.

Dinner was served at the State Mutual Restaurant at 1 P.M.

The afternoon session was devoted to a lecture by Dr. H. C. Clapp, of Boston, upon the State Hospital for Consumptives at Rutland.

Dr. Clapp's remarks were illustrated by numerous stereopticon views, showing the hospital, with its surroundings, together with many details of the hospital life of the patients.

This lecture proved to be exceedingly interesting and was greatly enjoyed by all present. At its close the society tendered Dr. Clapp a vote of thanks.

A vote of thanks was also given the chairman of the bureau, Dr. Nichols, for his kindness in furnishing the stereopticon.

Adjourned at 4 P.M.

F. R. WARREN,  
*Secretary.*

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### THIRTEENTH INTERNATIONAL MEDICAL CONGRESS, PARIS, AUGUST 2-9, 1900.

BALTIMORE, MD., November 1, 1899.

*Dear Doctor,* — The American National Committee of the Thirteenth International Medical Congress, to be held in Paris from the second to the ninth of August, 1900, in connection with the French Exposition, has been organized.

All Doctors of Medicine are entitled to membership in this Congress by making the proper application and paying the sum of \$5.00. The Secretary-General in Paris has instructed the American National Committee to receive the applications of American physicians, and for this purpose a blank form is enclosed, upon which is to be written full name and address, degrees, and any position of note held, together with the section of the Congress to which the writer wishes to belong. A visiting card should also be appended. These forms, with the \$5.00, are to be returned to the Secretary of the National Committee. He in turn will send receipt and forward the slips and money to Paris,

where they will be registered, and in due course of time a card of admission to the Congress mailed to each applicant.

The committee hopes the American representation in this extremely important Medical Congress may be as large as possible, and they would urge every member of the profession to enter his name for membership, this alone entitling him to receive a digest of the full proceedings of the Congress and the printed report<sup>1</sup> of the section to which he belongs.

The sections are as follows : —

#### CLASS I.

##### *Biological Sciences.*

- A. Section of Descriptive and Comparative Anatomy.  
Secretary: M. Auguste Pétit, 60, rue Saint-André-des-Arts, Paris.
- B. Section of Histology and Embryology.  
Secretaries: MM. Retterer and Loisel, 15, rue de l'Ecole-de-Médecine, Paris.
- C. Section of Physiology, and Biological Physics and Chemistry.  
Secretary: M. Dastre, à la Sorbonne, Paris.

#### CLASS II.

##### *Medical Sciences.*

- A. Section of General Pathology and Experimental Pathology.  
Secretaries: M. Charrin, 11, avenue de l'Opéra, Paris.  
M. Roger, 4, rue Perrault, Paris.
- B. Section of Bacteriology and Parasitology.  
Secretary: M. R. Blanchard, 226, boulevard Saint-Germain, Paris.
- C. Section of Pathological Anatomy.  
Secretary: M. Letulle, 7, rue de Magdebourg, Paris.

<sup>1</sup> Communications respecting the delivery of these reports to members to be addressed to M. Masson, publisher of the proceedings of the Congress, 120, boulevard Saint-Germain, Paris.



- D. Section of Internal Pathology. (General Medicine.)  
Secretaries : M. Rendu, 28, rue de l'Université, Paris.  
M. Widal, 155, boulevard Haussmann,  
Paris.
- E. Section of Medicine of Infancy. (Diseases of Children.)  
Secretary : M. Marfan, 30, rue La Boétie, Paris.
- F. Section of Therapeutics, Pharmacology, and Materia  
Medica.  
Secretary : M. Gilbert, 27, rue de Rome, Paris.
- G. Section of Neurology.  
Secretary : M. P. Marie, 3, rue Cambacérès, Paris.
- H. Section of Psychiatry.  
Secretary : M. Ant. Ritti, Asile de Charenton, Seine  
(France).
- I. Section of Dermatology and Syphilography.  
Secretary : M. G. Thibierge, 7, rue de Surènes, Paris.

## CLASS III.

*Surgical Sciences.*

- A. Section of General Surgery.  
Secretary : M. Walther, 21, boulevard Haussmann,  
Paris.
- B. Section of Surgery of Infancy.  
Secretaries : M. A. Broca, 5, rue de l'Université, Paris.  
M. Villemin, 58, rue Notre-Dame-des-  
Champs, Paris.
- C. Section of Urinary Surgery.  
Secretary : M. Desnos, 31, rue de Rome, Paris.
- D. Section of Ophthalmology.  
Secretary : M. Parent, 26, avenue de l'Opéra, Paris.
- E. Section of Laryngology and Rhinology.  
Secretary : M. Lermoyez, 20 bis, rue La Boétie, Paris.
- F. Section of Otology.  
Secretary : M. Castex, 30, avenue de Messine, Paris.
- G. Section of Stomatology.  
Secretary : M. Ferrier, 39, rue Boissy-d'Anglas, Paris.

## CLASS IV.

*Obstetrics and Gynæcology.*

## A. Section of Obstetrics.

Secretaries: M. A. Bar, 122, rue La Boétie, Paris.

M. Champetier de Ribes, 28, rue de  
l'Université, Paris.

## B. Section of Gynæcology.

Secretary: M. Hartmann, 4, place Malesherbes, Paris.

## CLASS V.

*Public Medicine.*

## A. Section of Legal Medicine.

Secretary: M. Motet, 161, rue de Charonne, Paris.

## B. Section of Military Surgery and Medicine.

Secretary: M. Catteau, Ministère de la Guerre, Paris.

Members desiring to present papers will forward the title and a résumé before May 1, 1900, to the Secretary of the section to which they belong, for each sectional committee reserves to itself the right of drawing up its own working program. Papers are limited to fifteen minutes.

Very sincerely yours,

HENRY BARTON JACOBS,

*Secretary American National Committee.*

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**BOSTON HOMŒOPATHIC MEDICAL SOCIETY.***Business Session.*

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, December 7, 1899, at 8 o'clock, President Sarah S. Windsor, M.D., in the chair.

By vote of the society the reading of the records of the last meeting was omitted.

The name of Anthony F. Booth, M.D., of Boston, was proposed for membership, and Dr. Florella Estes and Dr. Conrad Smith, both of Boston, were elected members of the society.

Dr. Windsor acknowledged, in behalf of the Hahnemann Monument Committee, the receipt of the following additional subscriptions : —

Dr. David W. Wells . . . . .	\$5.00
Dr. George E. Percy . . . . .	5.00
Dr. J. W. Hayward . . . . .	5.00
Dr. O. B. Sanders . . . . .	5.00
Dr. F. P. Batchelder . . . . .	5.00
Dr. H. S. Childs . . . . .	5.00
	<hr/>
	\$30.00

It was voted that the money now held by the Hahnemann Monument Committee, amounting to \$356.50, be forwarded to Dr. Henry M. Smith, Secretary and Treasurer of the Hahnemann Fund.

The resignation of Dr. Charles E. Libbey, of Danville, Vt., was read and accepted, and his name placed on the list of corresponding members.

The President appointed the following committee to nominate officers of the society for the ensuing year: Drs. George B. Rice, H. E. Spalding, and Ellen Hutchinson Gay.

### *Scientific Session.*

Dr. J. Emmons Briggs exhibited a sub-mucous fibroid tumor removed by him four weeks previous. The tubes, both ovaries, and appendix were removed. Tubular disease was diagnosed from the marked fluctuation in the vagina. The walls of the uterus were not particularly thickened. Whether the appendix had affected the tubes, or the tubes the appendix, could not be stated.

Dr. Suffa, presenting the case of a little boy upon whom he performed Mules' operation, said: My reasons for bringing this case before the society this evening are threefold.



First, because this operation is not often seen by physicians in general practice and a hope that it would be of general interest. Secondly, because the operation is falling into disrepute on account of the many failures to retain the sphere, either immediately or some time after the operation. And thirdly, because a departure was made in closing the wound and limiting the separation of the conjunctiva from the method advised in the text-books. The reason for this departure was brought about because of the many failures of the wound to unite firmly immediately after the operation, or a later weakening of the scar, and the expulsion of the sphere, believed by the writer to be due to a considerable degree to the catgut sutures used in closing the wound, and the method of their use, together with the free dissection of the conjunctiva.

To be as brief as possible, only such parts of the operation as vary from the method described in the text-books will be considered. It is advised to separate the conjunctiva around the cornea to the equator of the eye, leaving the muscles in place. In the case just presented, the conjunctiva was not separated beyond the attachment of the muscles, inflicting less injury, consequently lessening reaction, which is usually considerable, and thereby removing one influence which aided in bringing about failure. After the glass sphere is in place, it is advised to close the sclera vertically with catgut sutures, and to close the conjunctiva horizontally, burying the catgut sutures and leaving them to be absorbed. The method of closing the sclera and conjunctiva in this case varied from the usual in using 00 silk and in closing the sclera and conjunctiva together, first piercing the sclera with the needle, then lifting the conjunctiva with forceps over the needle and bringing both together, taking care not to allow any conjunctiva to get between the scleral edges, thus leaving the stitches in view to be readily removed when the wound had become sufficiently united.

Dr. Payne: I would like to ask Dr. Suffa his experience with the use of the glass sphere compared with the sponge.

Dr. Suffa: Have had no experience with sponge, although

have known of its use. The failure to retain the glass sphere, I feel, is often due to using too large a sphere.

On motion of Dr. F. P. Batchelder, it was voted that the Section of Sanitary Science and Public Health report at an adjourned meeting to be held January 18, 1900.

REPORT OF THE SECTION OF OPHTHALMOLOGY, OTOTOLOGY, AND  
LARYNGOLOGY.

GEORGE H. TALBOT, M.D., Chairman;

EMMA J. PEASLEY, M.D., Secretary;

J. MILLER HINSON, M.D., Treasurer.

The President appointed Drs. Hinson, Peasley, and Wells a committee to nominate sectional officers for the ensuing year. The committee reported the following names, which were duly elected: Chairman, Neidhard H. Houghton; Secretary, Eliza B. Cahill; Treasurer, L. H. Kimball.

PROGRAM.

1. The Results of the Exanthematous Diseases in the Throat.<sup>1</sup> George B. Rice, M.D. Discussion opened by T. M. Strong, M.D.

2. The Results of the Exanthematous Diseases in the Eye. John H. Payne, M.D. Discussion opened by Albert W. Horr, M.D.

3. The Results of the Exanthematous Diseases in the Ear.<sup>1</sup> H. P. Bellows, M.D. Discussion opened by J. M. Hinson, M.D.

4. A Paper. Emma J. Peasley, M.D.

5. The Importance of Examining the Eyes of School Children. D. W. Wells, M.D. Discussion opened by F. B. Percy, M.D. Election of sectional officers for the ensuing year.

1. Dr. Rice read an excellent paper on "The Results of the Exanthematous Diseases in the Nose and Throat."

Dr. T. M. Strong, in discussing this paper, said: Dr. Rice has given us the subject-matter in such concise form that there is nothing to add to the general picture. We may learn a lesson from the paper which has shown us how severe

<sup>1</sup> Will be published in the GAZETTE.

is the burden placed upon the throat in so many cases of infectious diseases. Preventive medicine or measures has no more positive example than the subject before us. If the experience of late years teaches anything to the profession, it is the necessity of and the benefit derived from placing the nose and throat in healthy condition and keeping them so. We have not the slightest doubt that the severe onsets upon these parts and their terrible sequelæ are due in every case to neglected local pathological conditions of the mucous membrane, lymphoid tissue, or glandular structures of these parts. A healthy nose or throat is almost immune against infectious diseases. This is of the greater moment when we remember that with the exception of the transmission by drinking water or milk, the infectious diseases are conveyed by the air, and through the mouth or nose gain their first entrance to the body. Thus we are learning the value of isolation in many diseases of throat and nose, to which scant attention was given formerly. As bearing on this, a recent writer in a Lettsomian course of lectures quotes from a medical officer of a large school for boys, and says: "There is a class of sore throats, to all appearance often only simple acute tonsillitis, while at other times having a membranous or sloughy appearance, with a complete absence of eruption on the skin, which occur in those who have already had scarlatina. This kind of sore throat, however, is capable of passing on scarlatina to one who has never had an attack. The disease is often spread in this way, for if the individual had previously suffered from the disease, the attack is looked upon as a simple, non-infectious sore throat, and the patient is not isolated as he should be." The infectiousness of even simple follicular tonsillitis is hardly questioned now. The family physician and the school boards then should see to it that the children under their care receive the prompt attention which enlarged tonsils, adenoids, and hypertrophic rhinitis require. Then we will have done away with one source of mischievous predisposition.

The paper fully meets another point in calling attention to the necessity of the proper examination of these parts during



the attack of an infectious disease, and their prompt local treatment, if affected, and the condemnation of this neglect cannot be too vigorous.

2. "The Results of the Exanthematous Diseases in the Eye," by Dr. John H. Payne.

Dr. Horr was not present to open the discussion of the paper.

Dr. Klein: I find the plain glass the best. I have measured a great many glasses and have found many times there is a difference in the surfaces. Many times in the cheaper glasses, which are bought in the market, if you measure the two surfaces you will find a difference, and I, therefore, recommend very large glasses because they are easier ground. The grinders find it is very hard to grind two surfaces alike, and, for this reason, I recommend a large glass, which should be large enough to exclude the light.

Dr. Payne: I meant one that has been carefully measured. I find the smaller better than the larger glass, because of the light behind; they can be made similar, but do not cover the eye.

Dr. Wells: I have a patient, 29 years of age, who had smallpox when two years old. Ever since has been under the care of physicians. Inflammation of the cornea is marked. There has been recurrent ulceration of the cornea at intervals of six months, causing bad scars. Distortion of the cilia has been such that many of the cilia have turned in, scratching the cornea, and the patient has had them pulled out. This patient, though in the care of the best oculist, has had no attention paid to the glasses. The cornea is so scarred it is impossible to measure the error. The inflammation of the cornea was lessened by the removal of the cilia. Patient is now using 4-10 and enjoying a degree of comfort which she had never experienced before. With the total removal of the cilia, which are in the way, I think the irritation will subside.

3. Dr. H. P. Bellows next read an excellent paper on "The Results of the Exanthematous Diseases in the Ear."<sup>1</sup>

<sup>1</sup> Will be published in the GAZETTE.

Dr. Hinson, in discussing the paper, said: Dr. Conrad Wesselhoeft once remarked to me "that one cannot say more than he knows." I am aware that what "I know" is a minimum as compared to what might be said on this subject. I do know that the majority of cases presenting themselves for treatment at our ear clinics are cases of suppurative otitis media and that a very large percentage are the result of the exanthemata, especially scarlet fever, and further, that this condition of affairs is due very largely either to the carelessness, ignorance, or avariciousness of the attending physician.

As to the subject-matter of Dr. Bellows' paper, I feel that I can add nothing. I shall merely mention a few troublesome complications, with the view of bringing out some discussion as to the appropriate line of treatment. I wish first, however, to emphasize the necessity of the free incision. The most signal failure I have made during the past year in the treatment of suppurative otitis media was in a case in which I used the antiphlogistic touch rather than a firm, free incision. One of the most troublesome cases we meet is that in which we have a small perforation in the region of the tympanum. When the perforation is in this locality there is apt to be caries of some portion of the ossicular chain. Another complication is polypoid granulation, springing from tympanic cavity, and protruding through the perforation. Probably the most annoying and frequent condition is that in which there is carious destruction of the inferior wall of auditory canal. Again, we may have a crowding of the ossicles and remnant of the membrane upward into the superior portion of the tympanic cavity. It seems to me that in this class of cases just mentioned the tendency is to temporize and dilly-dally along for weeks and possibly months, when more radical operative interference might bring the case to a favorable termination more quickly. I recently had a conversation with a physician who had just returned from the clinics at Halle; he stated that early and radical operations were the order there. I asked him whether they operated for the best good of the patient or to have material for demonstration to American students. He said he had failed to

inquire particularly as to that point, but it was his belief that it was for the best good of the patient. It is on the advisability of early operative measures in these cases that I should like to elicit free expression of opinions.

Dr. Klein : When you have a case of scarlet fever it is hard for the general practitioner to know when the time comes for consulting a specialist. The child is in a high fever, often delirious. If the child is uncontrollable, it is hard to properly examine the ear. I do not think the general practitioner is to blame. Certainly, general practitioners do not claim to be eye or ear specialists. If such complications come in, they come suddenly, and before he knows they are there. If they try to get light into the ear, what will they see? I do not believe they can distinguish whether there is pus there or not. We ought not to throw this slur on the general practitioner of so many diseases of the ear. If it were found there was a case like this, the better way would be to consult a specialist. I have tried in scarlet fever, and in other cases, to keep the ear cleansed. The majority of cases are not among the wealthy, but among those who cannot afford to pay a specialist.

Dr. Colby : There is one point I wish to make: that to all intents and purposes in the auditory and visual organs the cells are specialized. Their office is to receive impressions and convey them to the brain. I do not know that I am prepared to go to the extent of saying that a large portion of these receptive cells in the inner ear and eye are similar or identical with the ganglionic cells elsewhere, but at any rate, they act in carrying impressions to the brain. This would practically make them all central organs.

Dr. Hinson : I hoped and expected that some one would say what Dr. Klein has said about the accusation I have made. He excuses the ignorance of physicians. There are cases that could be treated at the proper time and cured, and others that physicians will say they will right themselves. As to when is the proper time to consult the specialist, it is when you do not know yourself.

4. Dr. Peasley's paper, entitled "Atrophic Rhinitis as a



Sequelæ of Exanthems," for lack of time was not discussed.

Dr. Wells' paper, entitled "Importance of Examining the Eyes of School Children," will be read before the Section of Sanitary Science and Public Health, which will report January 18, 1900.

Meeting adjourned at 9.30.

FRANK E. ALLARD, *Secretary.*

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## FINANCIAL REPORT OF THE HAHNEMANN MONUMENT COMMITTEE.

NOVEMBER 8, 1899.

### RECEIPTS.

From subscriptions, interest on deposits, sale of models, etc.....	\$29,233.84
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### EXPENDITURES.

Contract for building, account of.....	\$25,000.00
Contractor, expenses of.....	191.10
Awards for competitive designs.....	721.73
Models .....	525.15
Photographs .....	117.91
Printing: circulars, booklets, stationery....	829.94
Postage .....	433.50
Clerical assistance .....	880.90
Expressage and freight .....	29.50
Railroad fares .....	220.11
Incidentals, telegrams, collections, commis- sions .....	52.63
Auxiliary committees, expenses of .....	119.06
Cash on hand.....	112.31
	<hr/>
	\$29,233.84

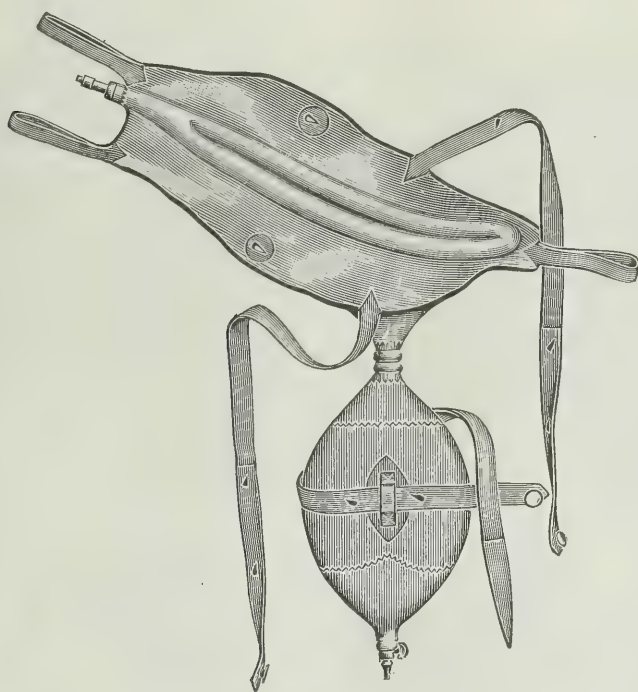
## ITEMS OF INTEREST.

ALBERT E. EBERT, Ph.M., Ph.D., of Chicago, recommends the following embrocation for ivy poisoning in *Meyer Brothers, Druggist*:—

Solution of lead subacetate . . . . .	fl. ℥ vj
Glycerine . . . . .	fl. ℥ ij
Alcohol . . . . .	fl. ℥ viij

Mix. Apply freely to the affected parts.

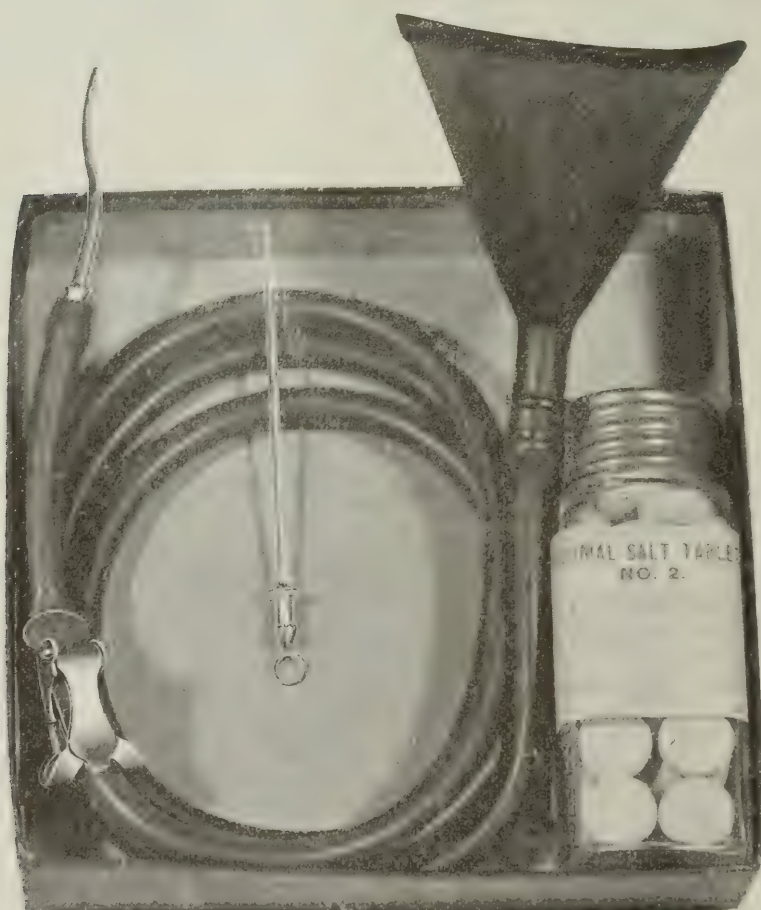
A NEW FEMALE URINAL FOR DAY AND NIGHT. — The soft rubber female urinals upon the market heretofore have not proved as satisfactory as could be desired, owing to the



impossibility of fitting the mouth of the urinal close enough against the vulva to prevent leakage. This objection, it is believed, has been overcome in the improved form shown above, by the addition of a pneumatic lip surrounding the opening. A valve is attached by means of which it can be

inflated, until the necessary distention is secured to make a close fit. It may be obtained of Otis Clapp & Son. In ordering specify No. 6a Female Urinal.

HEROIN. — Heroin is not so harmless as was formerly supposed. It has a far greater depressant action on respiration than is seen in the case of morphine. Heroin is also a cardiac depressant, and in addition gives rise to muscular twitchings and convulsions. The maximum adult dose at present should not exceed  $\frac{1}{4}$  grain. Harnack (*Münch. med. Woch.*, July 4, 1899). — *Monthly Cyclopedia Practical Medicine*.



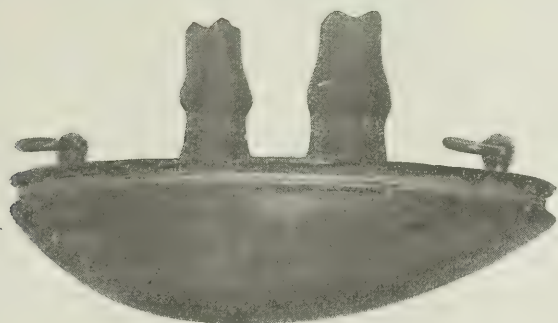
A NEW SALINE INFUSION APPARATUS. — The normal saline solution has proved of inestimable value in cases of collapse or threatened collapse due to shock resulting from an operation



or profuse hemorrhage. Heretofore there has been no special apparatus designed especially for the infusion of this solution and the surgeon has been obliged to resort to crude make-shifts. In order to remedy this, a simple, compact, and portable apparatus has been devised, as shown in the accompanying illustration.

It consists of a long, soft rubber tube with a funnel of the same material attached and a metal shutoff on the tube. Two needles are supplied, one for intravenous and the other for intracellular injection. This apparatus will form an indispensable addition to the outfit of the surgeon or obstetrician, and should be included in the armamentarium of every practitioner. It may be obtained of Otis Clapp & Son. Price, including a bottle of Normal Salt Tablets (four tablets to the quart, making a normal saline solution), \$2.50. For further information on the use of this solution, readers are referred back to the September number of the *GAZETTE*, in which appears a very interesting paper by W. F. Wesselhoeft, M.D., upon the uses of this solution, together with a report of cases.

A DEVICE FOR THE APPLICATION OF HEAT OR COLD TO THE EYE. — No therapeutic agent in the external treatment



of the eye is more frequently called for than heat or cold, and no more inconvenient or unsatisfactory method of applying it can be devised than the usual procedure.

Water bags are objectionable on account of their weight, particularly in the case of a wounded or inflamed eye.

The size of the bag is necessarily such that a much larger area of heat or cold is applied than is necessary or desirable. Fomentations are tedious and necessarily limited as to length of time they can be used, and in certain conditions of the eye each fresh contact of the heat or cold is extremely painful.

To obviate these difficulties, to make the use of these agencies less irksome and at the same time to make the application only to the desired locality, I devised an apparatus which has proved so exceedingly useful and satisfactory that I venture to present a description of it to those of the profession who may at some time need these auxiliaries in the treatment of eye troubles.

It consists of an oval-shaped piece of vulcanite, about an inch and a half long, an inch wide, and a quarter of an inch thick. A deep groove is cut entirely around the edge. Two tubes of different sizes are inserted in the middle; to the larger is attached the rubber tube of a fountain syringe, while to the smaller, or the overflow, is attached two feet or more of tubing, which can be carried to a bowl when in use. A piece of rubber dam, a little larger than the vulcanite, is fastened around the edge by means of a thread tied in the groove. This forms a bag-like projection on the under surface, which when filled with water readily adapts itself to the contour of the eyeball.

The apparatus is held in place by a tape which passes around the head, above one ear and below the other. Hot or cold water can be used and the flow regulated by the height of the water bag. By attaching the outlet tube of one to the inlet of another, both eyes can be treated simultaneously. The rubber tissue can be quickly replaced by a fresh one, the vulcanite sterilized so there need be no infection.

A greater degree of heat or cold can be used with less discomfort than in any other way and continuously for any length of time by replenishing the water in the bag.

For sale by Otis Clapp & Son. Price, 75 cents.

GEORGE N. TALBOT.

## REVIEWS AND NOTICES OF BOOKS.

THE TREATMENT OF FRACTURES. By John B. Roberts, A.M., M.D., Professor of Surgery in the Philadelphia Polyclinic. New York: D. Appleton & Co. 1899. pp. 159. Price, \$1.50.

This volume, in the form of a series of essays, is not a complete treatise upon fractures. However, it contains much that is valuable both to the surgeon and physician.

The author bases his deductions upon the results of a very wide clinical experience. He protests especially against the use of complicated fracture dressings, believing that more careful attention paid to complete reduction of the fracture, and a simple dressing adapted to the individual case, will yield far better results than those often obtained.

Especially interesting chapters are: Exploratory Incision in the Treatment of Closed Fractures; Subcutaneous Nailing in Fractures with Unusual Tendency to Displacement, etc.

The reader will find this book exceedingly interesting and valuable, for it pleads for the exercise of common sense rather than the adherence to routine treatment.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia, etc. Illustrated. Philadelphia: W. B. Saunders. 1899. pp. 1,287. Price, cloth, \$5.50 net; sheep or half morocco, \$6.50 net.

Next to clearness and accuracy of delineation in clinical medicine stands, we think, a systematic and convenient arrangement of the diagnostic and therapeutic data. Such an arrangement is characteristic of Ander's "Practice of Medicine." Another desirable and noticeable feature is italicization of leading symptoms. We think, however, that this might have been carried out still farther to advantage.

As in previous editions, so also in the present one, differential diagnosis has in the most important instances been tabulated, a helpful aid to the acquisition and review of the knowledge, indispensable to the general practitioner, of the resemblance and dissimilarity of diseases. Under special etiology, bacteriology is prominently men-



tioned, the author having due regard for the rapid progress now being made in the study of the causation of disease by the aid of the comparatively newly developed branch of scientific work. This section has not, however, received any marked revision.

Among the articles which have been extensively revised are: Typhoid Fever, Yellow Fever, Lobar Pneumonia, Dengue, Tuberculosis, Diabetes Mellitus, Gout, Arthritis Deformans, Autumnal Catarrh, the Diseases of the Circulatory System, more particularly Hypertrophy and Dilatation of the Heart, Arterio-sclerosis, and Thoracic Aneurism; Pancreatic Hemorrhage, Jaundice, Acute Peritonitis, Acute Yellow Atrophy, Hematoma of the Dura Mater, and Sclerosis of the Brain. Subjects substantially rewritten are: The Plague, Malta Fever, Diseases of the Thymus Gland, the Liver Cirrhoses, and Progressive Spinal Muscular Atrophy.

Previous editions gave no account of Glandular Fever, Ethern pneumonia, Splenic Anæmia, Neuralgia Paræthetica, and Periodic Paralysis, all of which receive sufficiently lengthy notice in the present issue. On the whole, we see no reason to doubt that the changes and additions, especially those to which we have called attention, will still further enhance the value of this work as a text-book and guide in the practice of medicine, and we question if further enlargement would markedly increase its serviceableness.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS.

By Robert Bartholow, M.A., M.D., LL.D., Professor Emeritus of Materia Medica, General Therapeutics, and Hygiene in the Jefferson Medical College of Philadelphia, etc. Tenth edition, revised and enlarged. New York: D. Appleton & Co. 1899. pp. 866. Price, cloth, \$5.00; sheep, \$6.00.

For nearly a quarter of a century Dr. Bartholow's work has been before the profession. It is not one, therefore, requiring any special introduction. Whatever alterations and additions it exhibits its schema as a whole remains unchanged. Thus Part I is still devoted to Modes in which Medicines are introduced into the Organism; Part II to the Actions and Uses of Remedial Agents, and Part III to Topical Remedies. These principal divisions are followed by an Appendix — Equivalents of Weights and Measures.

The ground covered by such a treatise is necessarily one which has been gone over again and again, yet every man has his own point of view, and the author of the work in question is well entitled to write

as one having authority because of his intimate acquaintance with the real needs of students, gained during his professorship, and because of his ripe clinical experience. It is due to the latter, doubtless, that he relies largely upon his own judgment in his selection of the newer remedies for recognition and use, and it is this section of his work which will probably most interest homœopathists who, while consistent followers of the principles of their school, are yet wise enough to wish to be conversant with all supposedly remedial agents. These, though not necessarily worthy of adoption, may in some instances prove suggestive and invite to further researches, for it is not presumable that the limits of therapeutic resources have been reached.

Dr. Bartholow adheres to his original plan of largely omitting the consideration of pharmaceutical questions and all unnecessary botanical and chemical details.

In the description of the leading allopathic remedies he seems to follow quite closely the United States Pharmacopœia. Considerable space is given to the subject of Foods and Alimentation in Disease, a topic which properly occupies at the present time a goodly share of the attention of practitioners of all schools.

A new and special article on prescription writing has been inserted, and a multiplicity of references heretofore appearing in various places in the text stricken out.

Lastly, the Index of Remedies is supplemented by an extended Clinical Index, as convenient as it is exhaustive.

DISEASES OF CHILDREN. A Manual for Students and Practitioners.

By George M. Tuttle, M.D., Attending Physician to St. Luke's Hospital, Martha Parsons' Hospital for Children, and Bethesda Foundling Asylum, St. Louis. Series edited by Bern B. Gallaudet, M.D. Illustrated with five plates, in colors and monochrome. Philadelphia and New York: Lea Brothers & Co. 1899. pp. 386. Price, \$1.50.

This is an exceedingly valuable book. Unlike most handbook series, the author has covered the subject *fully*, yet in a concise form, and has successfully emphasized the more important points of diagnosis, treatment, etc. Special attention has been given to the physiology of infancy and to artificial feeding. While Dr. Tuttle acknowledges he has made free reference to the more extended works, especially Holt's, he has added much original thought and

experience, and has accomplished his purpose in presenting to students and practitioners a most valuable summary of diseases of children. C. C. B.

POCKET BOOK OF MEDICAL PRACTICE. Including Diseases of the Kidneys, Skin, Nerves, Eye, Ear, Nose, and Throat, and Obstetrics, Gynecology, and Surgery by Special Authors. By Charles Gatchell, M.D. Chicago: Era Publishing Co. September, 1899. pp. 400. Price, \$1.75 net.

To those who are already acquainted with Dr. Gatchell's "Key Notes of Medical Practice," his new book needs no recommendation. This later work is much more complete than "Key Notes," both in the practice and the list of remedies. The leading and most reliable indications have been selected, and after each drug is given the dosage favored by the author. The adjuvant treatment embodies the latest ideas in medicine and surgery, including the Schott treatment in cardiac diseases and directions for the use of antitoxin in diphtheria.

This is the first time that all the "specialties" have been included in a "Pocket Book." Dr. Gatchell has been fortunate in the selection of special authors, and each subject is commensurate with the general excellence of the work.

The type, paper, and binding are of the best quality and the book is of correct size to actually fit the pocket. It is undoubtedly the most practical and reliable pocket reference book yet published, and the general practitioner will find it of great value for ready reference.

BEE-LINE THERAPIA AND REPERTORY. By Stacey Jones, M.D. Second edition. Philadelphia: Boericke & Tafel. 1899. pp. 333. Price, \$2.00 net.

The field of usefulness of a mere repertory is necessarily limited, and although the one in question purports to be something rather more ambitious, it seems to us of rather doubtful value. Although it certainly contains helpful suggestions, some of its statements might be rather misleading than otherwise. That the author has no doubts as to the merits of his work is evident by the unqualified way in which his ideas are set forth. Illustrations of the above might be multiplied, but one or two will, perhaps, suffice; thus, "*Inward weakness, dragging-down sensation, falling of the womb, or bowel*: The one essential thing needed — extra of medicine — is abdominal and dorsal support — secure a good brace." Surely this is open to criticism, both as regards form and substance.



The treatment for apparent death from drowning other than medicinal is as follows: "Suspend patient head down for eight or ten seconds, then place on the back, and press the chest for two or three seconds, then *suspend* again — and thus proceed — recovery even after an hour." These instructions are elsewhere supplemented by the following: "*Rub the naked patient all over with fine salt; or pack in salt for an hour;* or place patient upon the back on a board, or short ladder, across a suitable support and *seesaw*, now lifting the head and then the feet high up. Persevere." The italics are the author's. We have known of cases restored without resorting to the above gymnastic exercises, the carrying out of which might necessitate considerable strength, as well as unobtainable apparatus. We should imagine the packing in salt might be most appropriate at the close of the efforts advised unless they were otherwise supplemented. Other equally fairly illustrative quotations might be given, but nearly every page of the book will be interesting to readers appreciative of the unique in medical literature.

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## REPRINTS AND MONOGRAPHS RECEIVED.

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The Diagnosis and Treatment of the More Common Bladder Affections in Women by Means of Kelly's Method. By H. N. Vineberg, M.D. Reprinted from the *New York Medical Journal*.

Differential Diagnosis between Extra-uterine Pregnancy and Early Abortion. By H. N. Vineberg, M.D. Reprinted from the *Medical Record*.

Report of a Case of Salpingo-oöphorectomy in Acute Puerperal Sepsis. By H. N. Vineberg, M.D. Reprinted from the *Medical News*.

Surgical Abuse and Conservative Treatment of the Rectum. By W. C. Brinkerhoff, M.D.

Traction Plasters for Temporarily Contracting an Affected Lung, in Lieu of the Murphy Operation. By Charles Denison, A.M., M.D.

The Tuberculosis Crusade and its Problems. By Charles Denison, A.M., M.D. Reprinted from the *Journal of Tuberculosis*.

Why Some Severe Cases of Appendicitis End in Recovery without Operation. By J. H. Carstens, M.D. Reprinted from the *New York Medical Journal*.

A Case of Diabetes Mellitus quickly following Mumps. By H. F. Harris, M.D. Reprinted from the *Boston Medical and Surgical Journal*.

Akromegaly. With Report of a Case presenting some Unusual Features; Height of Patient, Eight Feet and Six Inches. By W. N. Lackey, M.D. Reprinted from the *Philadelphia Medical Journal*.

The Propagation of Diseases by Means of Insects, with Special Consideration of the Common Domestic Types. By W. M. L. Coplin, M.D. Reprinted from the *Philadelphia Medical Journal*.

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## PERSONAL AND NEWS ITEMS.

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SUCCESS is the best criterion of the excellency of a sanitarium, as it is of anything else.

One of our most successful homœopathic sanitariums for the treatment of nervous and mental diseases, opium and alcoholic habitués is that of Dr. Givens at Stamford, Conn.

During the past year three new cottages and a large amusement hall have been added, and the yearly demand for increased accommodations shows the standing of that institution better than words.

FOR SALE. — A set of Allan McLane Hamilton's "System of Legal Medicine," two volumes, sheep, 1895 edition, colored plates, as good as new, for \$8. A great bargain. Address "E. E.," care of Otis Clapp & Son, 10 Park Square, Boston, Mass.

DR. ANNA B. DAVIS, class of 1898, Boston University School of Medicine, has an office at No. 2 Commonwealth Avenue, Boston. Hours, 10 A.M. to 1 P.M.

DR. WESLEY T. LEE, class of 1898, Boston University School of Medicine, has located at No. 254 Broadway, Somerville.

A WOMAN physician, with experience in gynecology, would like to assist a physician in this branch of medicine. Good references. Address, with terms, B. S. B., care Otis Clapp & Son, 10 Park Square, Boston.

DR. CHARLES W. HAYWOOD, who for two years has been assistant physician at Dr. Givens' Sanitarium, Stamford, Conn., has accepted a position on the Staff of Dr. Walter's Sanitarium, Walter's Park, Pa.

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### GLEANINGS AND TRANSLATIONS.

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POISONING BY PERMANGANATE OF POTASH.—A well-recorded case of poisoning by this drug is given by Dr. Box in the *Lancet* of August 12. A woman of very intemperate habits took a handful of crystals in a teacupful of beer. She vomited on her way to the hospital, and arrived pale, conscious, but unable to speak. There was great swelling of the almost black tongue, dry skin, and pulse of moderate frequency and tension. When she sat upright the breathing became stridorous. Death occurred very suddenly 35 minutes after taking the poison, the faint sounds of a slowly acting heart being audible for a few minutes after respiration had ceased. A post-mortem revealed some slight œdema of the glottis and exceedingly firm contraction of the hypertrophied left ventricle. The lungs were deeply congested and œdematous. "The stomach was moderately distended, and showed no signs of inflammation externally. It contained about two pints of fluid, with which was mingled a black insoluble powder and some parchment-like masses. The latter were probably portions of food. The gastric mucosa was coated with a black granular powder, which was closely adherent to it and could not be washed off. On scraping away the incrustation the mucous membrane was found to be intensely hyperæmic, presenting a bright pink blush. The destructive action of the salt was evidently very superficial." There was some hyperæmia, but no incrusta-



tion of the duodenal mucous membrane. — *Monthly Homœopathic Review.*

VAGINAL HYSTERECTOMY FOR CANCER OF THE UTERUS. — In the whole field of surgery there is no class of cases in which the necessity of an early operation is more imperative than in *cancer of the womb*. However caused, cancer is primarily local, and while so, is amenable to radical treatment. Women will submit to the vaginal operation who will delay and temporize when an abdominal one is urged until the possibility of cure has vanished. This necessity for early operation applies with equal force to almost every condition for which hysterectomy is done. By an early operation we can anticipate the otherwise inevitable suffering, adhesions, implication of kidneys, impairment of digestion, degeneration and suppuration of tumors, extension of suppuration, general sepsis, hemorrhage, anæmia, and the thousand and one other complications which materially increase the mortality and the difficulty of operation.

The amount of disturbance caused by the operation itself, as well as the risk of infection, is much less by the vaginal route. The manipulation of peritoneum and gut with fingers, instruments, or sponges, and the pulling, displacement, and cooling of viscera, are practically done away with. The intestines are only interfered with when they infrequently come directly within the field of operation. Shock is thus largely avoided, post-operative paresis and intestinal obstruction minimized, convalescence rendered easier, and its duration relatively and absolutely shortened.

The vaginal method allows of the termination of the operation at any stage, just as well as ventral laparotomy; and for diagnostic purposes the vaginal incision affords facilities equal to, if not better than, the abdominal. — *Homœopathic Journal of Obstetrics.*

"My grandpa had a perplexity fit yesterday," said little Bessie to her playmate. "Perplexity fit!" exclaimed the other, "I guess you mean a parallel stroke, don't you?" — *Exchange.*

# THE NEW ENGLAND MEDICAL GAZETTE

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No. 2.

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Vol. XXXV.

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## COMMUNICATIONS.

### THE RECTAL DOUCHE IN PELVIC DISEASES.

BY HENRY E. SPALDING, M.D., BOSTON.

While the vaginal douche has been long recognized as a valuable adjunct in the treatment of uterine and other allied diseases, the value of the rectal douche has received scant recognition from the general practitioner, and even the specialist in proctology has too often neglected its use. Enemas for facilitating defecation, by their mechanical effects upon the contents of the bowel, by lubrication and by arousing peristalsis, are of general use. In fact their use has often degenerated to abuse. Suppositories for the same purpose, for healing diseased surfaces and for the alleviation of pain, are fully appreciated. The douche has a different and, in some respects, a broader field of usefulness than either. It is primarily cleansing to the mucous surfaces, whether healthy or diseased. It also promotes healing of diseased surfaces by acting as a vehicle for the local application of drugs or germicidal washes. It goes still further. It acts not only on the mucous and the sub-mucous, but also on the deeper pelvic tissues. This it does not only by the antiphlogistic action of the prolonged application of the hot or cold current, but by the absorbing mucous surfaces, taking up a portion of the current and with it whatever medicament it may carry. Drugs thus absorbed must often find an immediate entrance into the diseased tissues themselves.

Thus beyond the mucous and muscular walls of the rectum it may have an immediate effect upon the cellular connective tissues of the pelvis, the prostate, the seminal vesicles, and the bladder in the male, and upon the uterus and its appendages in the female.

To emphasize the value of the rectal douche as an auxiliary in the treatment of diseases of these organs and tissues, a condensed report of a few typical cases may be in place.

Mrs. C—— had for a year or more noticed discharges of mucus, sometimes streaked with blood, and usually mixed with fecal matter, but often alone. From two to six discharges daily. Slight tenesmus at times, oftener none. The only pain a sense of heaviness or dull ache through the sacrum. The hemorrhoidal veins were somewhat engorged, otherwise nothing abnormal until the finger reached its utmost limit into the rectum, when an ulcerated surface with hard, irregular edges was detected. The diagnosis was ulceration, with guarded opinion as to its being malignant or benign. I believe that the persistent use of the high rectal douche of hot water and hydrastis was the chief agent in giving relief and healing the diseased surface.

Mr. —— had suffered for three or more years from "catarrh of the bowels." Examination showed pruritus; almost constant moisture of the anal orifice; sphincters contracted; the rectal mucous membrane congested, dark red. About an inch above the internal sphincter was visible the lower edge of a superficial ulcer. Here douches of hot salt solution, with appropriate internal medication, brought about a speedy change for the better and an ultimate cure.

Mr. N—— had suffered much for four years from what had been called at first cystitis, later catarrh of the bladder. He had occasional chills. Urine mixed with blood, pus, and mucus. Almost constant desire to urinate. He had been under the constant care of physicians, a portion of the time in an old school hospital, where he had the attention of one of our best-known surgeons. Irrigation of the bladder and other like treatment had given no relief and often seemed to aggravate. When I first saw him the urine on standing

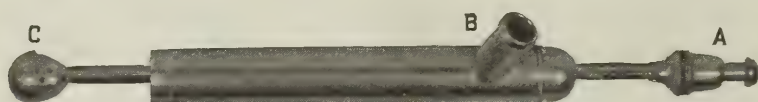


deposited a sediment of nearly or quite one eighth of its bulk. I found some albumen, pus, blood, and mucus. My careful examination with the sound revealed a sensitive spot in the urethra about one and one half inches from the meatus, the site of an ancient stricture. In passing the point of the sound over the posterior wall of the bladder the surface seemed rough and corrugated. Within an hour this examination was followed by a severe chill and sharp rise in temperature. This, he said, had happened before from the same cause. An examination per rectum, which he said had never been done before, revealed a somewhat enlarged prostate. Above this on the right side the finger came in contact with a dense, uneven mass, evidently connected with the bladder. The mass itself was not sensitive to pressure, but there was tenderness just left of it. From the then present condition and the detailed account of the earlier symptoms, I diagnosed originally an abscess discharging into the bladder and the unhealed abscess cavity now partaking the nature of an ulceration. Cystic washings and medications had so aggravated his sufferings in the past that he rebelled against their being used again. The rectal douche suggested itself to me as the next best means of reaching the diseased tissues. Twice daily he used a gallon douche of hot water and hamamelis. Later I substituted Chelidonium for the hamamelis. He received other medication, but this he had had from some of the most noted physicians of both schools of medicine, and, he claimed, without benefit. He soon began to improve, and now at the end of fifteen months he is comparatively well. Instead of urinating from three to twelve times each night, he now frequently sleeps seven hours without waking. The urine is much nearer normal in character and the indurated mass is less marked. I agree with the patient that to the high rectal douche belongs most credit for the improved condition. While cases might be multiplied, I believe these are sufficient to illustrate the scope of treatment by high rectal douching.

Of the various irrigators that I have used for this purpose, those made for me by Otis Clapp & Son, after the pattern of

the accompanying illustration, have proved most satisfactory. For facility of use, comfort of the patient, and efficaciousness, there seems little to be desired in appropriate cases.

The piston pipe (A) is attached to a fountain syringe. A piece of rubber tubing three or more feet long is attached to the outlet branch (B). When introduced the irrigating



tube (c) is in contact with and closes the outlet cylinder. When well into the rectum, the water is let on and the piston pipe is pushed farther into the bowel, so that the irrigating bulb shall be above the diseased surface if possible. Pushing the irrigating bulb farther into the bowel is facilitated by thus allowing the water to run at the same time. The patient should lie on his left side with the hips slightly elevated. If the seat of the disease is above the reach of the instrument the hips should be elevated still more, so that the fluid may gravitate to it. If, on the other hand, the disease is near the sphincter the hips should not be elevated at all, or even the sitting posture may be assumed, so that the fluid may find its way down between the cylinder tube and the rectal walls, thus distending the rectum and thoroughly irrigating as it flows back into the outlet tube. Should fecal matter obstruct the outlet tube it can ordinarily be flushed away by bringing the irrigating bulb down upon the outlet tube for a few moments.

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## THE EFFECTS OF THE EXANTHEMATOUS DISEASES UPON THE EAR.

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

Of the so-called exanthematous diseases, roseola, r  theln, and varicella cannot be said to have any specific effect upon the organ of hearing. The major exanthemata, however,

scarlatina, rubeola, and variola, by the rapacity and destructiveness of their onset upon the ear more than make up for any delinquency on the part of their milder associates. There is certainly no other disease known to modern medicine which is the cause of so many serious and lifelong injuries to the ear as scarlet fever. Measles and smallpox, while attacking the ear in a smaller percentage of cases and in general with less violence, may yet in exceptional instances exhibit all the virulent and destructive activity of scarlatina itself. They form together a trio of diseases which is regarded by every aurist with the utmost deference and consideration.

#### EFFECTS IN GENERAL.

There are certain observations which may be made in regard to the action of these diseases upon the ear which apply to all alike. For instance, in regard to the violence of their attack, it is to be noted that the intensity of the disease in the ear is usually in direct ratio to that of the eruptive disease which causes it. There is also a marked variation, both in the intensity and in the relative frequency of the aural complication, in the epidemics of different years. As to individual susceptibility, there is undoubtedly greater liability to the more serious forms of complicating aural disease in those of scrofulous or tuberculous constitution. In all three of the major exanthemata there is an inflamed and eruptive condition of the throat and the lining mucous surfaces of the upper air passages, as well as of the external skin, in addition to the general systemic infection and febrile state. We may expect to find in all of these diseases, therefore, three channels by which the ear may become infected: two by direct continuity of surface, and the third through the blood circulation. Such is the fact, and there occur cases in all of the exanthemata where the aural complication consists in the extension of the inflammatory process, together with the characteristic skin eruption from the face, along the cutaneous surface which lines the external auditory canal to the very drumhead itself.



Another class of cases exhibits the extension of inflammation along the mucous surface which lines the Eustachian tube, in direct continuity with the mucous membrane of the throat and post-nasal space, which thus establishes disease within the middle ear. A third class of cases, fortunately small, exhibits the presence of complicating disease within the labyrinth in the internal ear, and this has seemed to be due, in some instances, to infection through the blood currents.

In all three diseases the aural complication which occurs with by far the greatest frequency is the extension to the middle ear. In regard to this it may be noted in general that in the milder attacks the inflammation seems to centre in the tube or the inferior portion of the tympanic cavity, and to involve little besides the mucous membrane, giving rise to a catarrhal affection of varying severity. The more serious attacks, on the other hand, are characterized by an inflammatory process which seems to centre higher up in the tympanic cavity, or even within the attic space, involving connective tissue as well as mucous membrane, and giving rise to a cellulitis with pus formation and the establishment of suppurative disease. The drumhead is of course perforated, and in the most severe cases, rapid destruction and evacuation of the entire contents of the tympanum may ensue, with extensive carious degeneration, and finally, invasion of the cranial cavity with fatal result. Suppurative disease of the middle ear is the most frequent of occurrence and the most characteristic of all the aural complications of the exanthemata, and is usually the root and starting point of all the evils to which the organ of hearing is exposed upon their invasion.

#### EFFECTS OF SCARLET FEVER.

With these general observations let us pass to the consideration of the more specific action of scarlatina upon the ear. While almost every affection in the category of aural diseases may be caused by scarlet fever, it is relatively seldom that one sees any form of complication other than

acute suppuration of the middle ear, at least as an initial affection. The most severe and destructive type of this complication occurs in the diphtheritic form of scarlatina. The ears are affected in nearly six per cent of all cases of scarlet fever. According to various estimates, from twelve to twenty-eight per cent of all cases of suppurative aural disease are due to scarlet fever. Statistics in various countries show from 8.56 to 42.6 per cent of deaf-mutism to be due to scarlet fever. In many of these cases the alterations of the tympanum consequent upon suppurative disease doubtless explain the degree of deafness; but Roosa at least, in his examinations by fork tests, found twenty-five per cent of deaf mutes from scarlet fever to exhibit disease of the auditory nerve.

The symptoms of aural complication in scarlatina (tenderness, pain, tinnitus, deafness, and a congested drumhead) usually appear when the inflammation of the throat is at its height, but there are cases in which they do not appear until the stage of desquamation, when there occurs a previous well-marked elevation of temperature. All the symptoms are usually quickly relieved upon perforation of the drumhead, either spontaneously or by incision. When spontaneous the perforation is generally very large and the drumhead tends to slough rapidly. In fact, the great danger in the otitis media of scarlet fever is its tendency to rapid and extensive destruction of tissue. The involvement of the mastoid process, the lateral sinus, or the meninges of the brain is only too frequently to be dreaded.

#### EFFECTS OF MEASLES.

About four per cent of all cases of measles exhibit aural complications. These may arise during any stage of the disease, or may even appear as its first premonitory symptom. There may be an affection of the auricle and external canal alone, constituting an otitis externa, either diffuse or circumscribed. In the great majority of cases, however, as in scarlet fever, the middle ear is the part which is affected. The catarrhal form of inflammation is more likely to occur

than in scarlet fever, some cases presenting scarcely more than the tubal catarrh which is seen in many a severe head cold. The greater number of cases are suppurative, however, only exhibiting a less intense grade of inflammation than in scarlatina. The spontaneous perforation is of smaller size and the tendency to sloughing and to general destructive degeneration and extension is less than in scarlet fever, although in occasional cases it may be as great. In a very small percentage of cases the labyrinth bears the brunt of the attack, with permanent deafness or deaf-mutism resulting. The drumhead may present only a slightly injected appearance in these cases, the pain may be inconsiderable, but vertigo is a prominent symptom and there is a distressing tinnitus in the earlier stage of the complication. Professor Moos, of Heidelberg, investigated these labyrinthine cases pathologically and found lymph coagulation and various histological changes due to microbic action.

#### EFFECTS OF SMALLPOX.

Probably the percentage of cases in all forms of this disease which present aural complications does not exceed two. They are far more likely to occur in the confluent type than in the discrete. In the hemorrhagic type death usually occurs before there is time for the development of aural disease. In varioloid aural complications are exceedingly rare. The external ear is very frequently the seat of trouble from the eruption, especially when it is confluent. The meatus may be completely obstructed in its outer portion by pustules, but these do not extend to the osseous portion. The invasion of the ear is usually from the throat, as in the case of the other exanthemata, and the suppurative form of inflammation is the most frequent. Much apprehension is at times felt lest the healing of a pustule which may be situated within the mouth of the Eustachian tube should leave a permanent constriction or obliteration at this point. It is a comfort, in presence of this danger, to know that Wendt dissected the ears after one hundred and sixty-eight fatal cases of smallpox without finding a single Eustachian



tube with a stricture due to this cause. The labyrinth is, in rare instances, involved and has been found infiltrated and congested upon post-mortem section.

We see, therefore, that there is scarcely any form of disease to which the ear is subject which may not be induced as an effect of the exanthemata upon this organ. By far the most frequent complication, however, we see to be a suppurative inflammation of the middle ear, and the tendency, in the case of all the exanthemata and especially in scarlet fever, is for this to be more virulent and more destructive of tissue and more liable to fatal extension than in ordinary suppurative disease. The surest way to prevent this destructive extension and at the same time to preserve the hearing is to secure a speedy evacuation of the pus confined within the tympanic cavity and to provide for its perfect subsequent drainage. This is best attained by a prompt and free incision of the drumhead, so that of all measures of relief and conservation in this condition, paracentesis must be held in mind as the quickest and most effective.

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## THE EFFECT OF THE EXANTHEMATA UPON THE NOSE AND THROAT.

BY GEORGE B. RICE, M.D.

[*Read before the Boston Homœopathic Medical Society, December 7, 1899.*]

By long usage the word "exanthemata" has been changed from its simple original meaning, "blossom out," and has become the designation for the acute infectious diseases; namely, typhus, typhoid, variola, varicella, measles, rubella, and scarlet fever.

In a paper of this scope it is of course impossible to even mention the various effects of these diseases upon the nose and throat, and to therefore only dwell upon some of the most marked and interesting sequelæ.

Typhus fever is sometimes accompanied by suppurative parotitis, this being the only complication likely to occur as affecting the portions of the body under consideration. Typhoid fever not infrequently has for sequelæ laryngitis with œdema and perichondritis, the latter complication being somewhat rare.

Holecher<sup>1</sup> reports fifteen tracheotomies as necessary because of perichondritis in two thousand cases of typhoid fever. Acute rhinitis is sometimes a troublesome symptom of the disease, and epistaxis has long been known as constituting one of the diagnostic symptoms in the early stages.

The throat and nose in smallpox are not permanently affected, and even the temporary inflammation of the mucous membrane is not severe. Neither does varicella present complications here.

With rubeola, or measles, however, the conditions are very different. In severe cases of this disease the mucous membrane of the nose, pharynx, larynx, trachea, and bronchi are inflamed, and this inflammation may even precede the pyrexia. The secretions from the nose are irritating and excoriate the skin of vestibule and upper lip. Troublesome epistaxis may occur. Cough is usually present from the first; it is then slight and catarrhal in sound, but on the third or fourth day it assumes a paroxysmal character. It becomes dry, and is accompanied by hoarseness of the voice. On examining the throat we find a uniform reddened, swollen appearance, and frequently upon the soft palate will be seen small, dark elevations resembling the cutaneous eruption somewhat, though often preceding it.

The larynx, at first only slightly reddened, soon becomes more involved in the inflammatory process — the vocal bands not being exempt from the general congestion; hence the hard, dry cough and hoarseness above mentioned. The peculiar eruption may in rare cases be seen in the larynx. Thus Steoner<sup>2</sup> noticed this phenomenon, and Wilson, Ray, and Gerhardt have observed it on the tracheal wall. Types

<sup>1</sup> Pepper, *An American Text-book of Theory and Practice.*

<sup>2</sup> *American Text-book of Theory and Practice.*

of the disease have been recorded where the upper respiratory tract was not involved; but such forms are extremely rare. In the very severe cases a membrane sometimes invades the pharynx and larynx very similar in appearance to the membrane in diphtheria. When the larynx is thus included in the membranous formation it constitutes a grave complication which may demand surgical interference.

The sequelæ sometimes present are such as would naturally result from severe prolonged inflammation of the nose and throat. Atrophic rhinitis, with or without ozæna, for example, is one of the consequences of the disease. We can easily account for the atrophic process as follows: The inflammatory condition with its increased blood supply, together with the lowered vitality, tends to hyperplastic rhinitis, and by this term of many definitions I prefer the distinctive one of Dunglison, an excess in the formation of new elements; while the term hypertrophy, with which it is often used synonymously, is defined as an increase in bulk of existing normal elements. This hyperplastic rhinitis, then, is an increase in tissue, of *new* elements, and usually these elements have a low vitality. By pressure the new material causes absorption of normal tissue, and soon these added cells undergo degeneration, the result being an atrophic rhinitis. In other cases<sup>1</sup> the rhinitis may extend by infection to the accessory cavities of the nose, causing closure of the natural outlets, and perhaps persistent empyema. Necrosis of bony tissue is not unknown, consequent upon involvement of sub-mucous structures and interference with the nutrition.

Small ulcers may follow the disease — follicular pharyngitis, tonsillitis, and chronic laryngitis are not infrequent sequelæ. The chain of lymphoid tissue, beginning at the vault of the pharynx, and then called by the several names third tonsil, pharyngeal tonsil, Luschka's tonsil, or adenoids, extending down on each side between the faucial pillars and then termed the faucial tonsil, uniting again at the glosso-epiglottic fold where it becomes the lingual tonsil; this

<sup>1</sup> Kyle, Diseases of the Nose and Throat.



chain of lymphoid material is often involved in the general inflammation.

In the children of scrofulous habit the pharyngeal tonsil is particularly prone to hypertrophy from any pathological increase in the blood supply of the parts.

It is not, therefore, strange that these hypertrophies with the attending symptoms — mouth breathing, deafness, and the various other manifestations which of late years are so generally well known — should have their origin in an attack of measles.

Of German measles Edwards<sup>1</sup> says: "Sore throat is always present, and enlargement of the tonsils in many cases. Dysphagia is not uncommon." He further says the condition of the throat in this disease is of marked diagnostic importance. In some cases an eruption is scattered over the throat, but not so commonly as in measles.

Thomas has shown that the redness in the throat of the rubella patient is diffused, and is distinguished from the sore throat of scarlet fever in that scarlet fever presents an inflammation more particularly confined to the posterior portion of the throat. Personally, I should have little faith in the diagnostic value of this latter distinction.

Enlargement of the lymphatics is often seen during the acute stage; hence one of the complications of the disease is abscess formation of these glandular structures, and persistent adenopathy is often present. Permanent hypertrophy of the tonsils occurs, as has been mentioned in the complications of measles. Slagle<sup>1</sup> has observed in half a dozen cases painful enlargement of the thyroid gland.

Authorities agree that the general appearance of the throat is quite similar to that in scarlet fever, only in a much milder degree. Sore throat is more uniformly present in rubella than in measles. Even the mild cases suffer from sore throat in the first-named disease, but this is by no means the case in measles. After complications are not so commonly observed, and we must conclude that the inflammation even in the severe types of rubella does not involve

<sup>1</sup> Keating, Diseases of Children.

the deeper structures, as is the case with the sore throat of the measles patient.

The mucous membrane of the throat and naso-pharynx in scarlet fever is a field where the poison shows its intensity to a marked degree, more markedly than in any of the preceding diseases mentioned.

Sore throat is one of the earliest and most prominent symptoms, and it precedes the cutaneous eruption by from twelve to twenty-four hours. On the third to the fifth day, in some severe cases, a false membrane can be seen very similar in appearance to the membrane of diphtheria. The inflammation of the throat in the early stage of scarlet fever may in no way differ from that of an ordinary catarrhal inflammation. The lining membrane of the follicles and crypts of the tonsils may be involved, as in a case recently under my own observation, and then may in no way differ in appearance from a simple follicular tonsillitis.

Whittaker<sup>1</sup> remarks that no individual symptoms show such variation of intensity as the angina. Therefore, the most severe inflammation may be present with intense redness, swelling, involvement of the glands of the neck with cellulitis, later followed by abscess formation, and in the throat the pseudo-membrane or gangrenous sores may add to the suffering of the patient.

Naso-pharyngeal inflammation, with extension to the middle ear, is common, and a mild coryza is often present. True, diphtheria<sup>2</sup> may occur simultaneously, but it is most likely to occur in the second week, while, as has been mentioned, the pseudo-membrane of scarlet fever which so simulates diphtheria appears from the third to the fifth day from the onset of the disease. Two cases have come under my personal notice where were present the two diseases.

The complications of cellulitis with pus formation, gangrenous angina, or of diphtheria are very likely to prove fatal, but there are exceptions to the rule. The sequelæ are similar to those mentioned in measles, though from the fact that the

<sup>1</sup> Pepper, American System of Theory and Practice.

<sup>2</sup> Keating, Cyclopedia of Diseases of Children.

nasal inflammation is not so severe, atrophic rhinitis and empyema of the accessory sinuses do not occur so frequently as in the last-mentioned disease.

This paper, in so much as it is necessarily a compilation of the observations of well-known authorities, would be of little value to the members of this society did it not endeavor to emphasize certain practical deductions. It has been shown by certain observers that many of the complications of the exanthemata are due, not so much to the direct infection of the disease as to the transmission of micro-organisms from a portion of the throat primarily affected to adjacent structures and cavities, these micro-organisms being the result or the accompaniment of the primary degenerative change. It is believed that many of these secondary effects could be prevented were it the rule to, under all circumstances, examine the upper respiratory tract with a good reflected light and with the proper instrumental diagnostic aids. Were this method systematically carried out, indications for remedial treatment would often be suggested which would escape notice were one to depend upon external appearances and subjective symptoms alone.

It is believed also that cleanly measures could be brought to bear which would prove of great aid to the indicated remedy, and would also directly combat the formation and transference of the micro-organisms above referred to. It is not difficult to use a spray or gargle, or to simply rinse the throat and mouth frequently with a hydrogen dioxide solution made slightly alkaline just before using.

This solution is harmless if swallowed, and it could in no way interfere with the indicated remedy. A mild alkaline antiseptic solution could, with equal benefit, be used as a nasal wash, though the use of hydrogen dioxide here could not be continually used without producing much irritation. Other preparations would, however, readily suggest themselves. I can learn of no reason why measures of cleanliness should be neglected in nasal, naso-pharyngeal, and throat degenerative inflammations more than in the case of external ulcerations or other destructive processes.



## A STUDY CONCERNING THE CAUSE OF MANY FAILURES IN RECTAL OPERATIONS.

BY F. W. HALSEY, M.D.

*[Read before the Surgical and Gynæcological Society.]*

That most rectal operations are successful in the main cannot be denied, and that we are thus enabled to restore to health and comfort a class of patients to whom life has often become a burden is certainly a cause for congratulation. That many rectal operations are not attended by such happy results most of us are aware; indeed, until within a very few years have these unfortunate results been so common that a general aversion to an operation has shown itself amongst the laity. Fortunately, with better aseptic methods and more skilful surgical work, these prejudices are passing away, yet even to-day the results are not always ideal in rectal work. There are reasons for these failures undoubtedly; I feel sure I have found some of them, and to call your attention to a few is my purpose to-day.

The unfortunate results frequently attending operative measures for the cure of fistula in ano are well known to all of you. First, the entire failure to cure the fistula, and second, the cure of the fistula accomplished, but at the expense of the destruction of the sphincter ani, a condition in which, while the life of the patient is not imperiled, the living of that life is rendered anything but pleasant. Sometimes these bad results are due to a faulty method of operating, a failure to find the main sinus, through or under the sphincter ani, first dividing this sinus completely, and afterwards attending to the branching sinuses which almost without exception open into this main canal rather than the rectum itself, thus keeping outside of the sphincter muscles, dividing it through into the bowel but once, and by this method avoid complete incontinence. Again, the failure may come from lack of personal attention of the surgeon to the wound. The operation may have been faultless, but from lack of time, interest, or cause unknown, the daily packing

and dressing is left to some one less expert, or to the tender mercies of the nurse, who, however conscientious and faithful she may be, is hardly able to differentiate between healthy and unhealthy granulations, nor able to appreciate the dangers of fresh sinuses forming, or the many other pitfalls which beset the healing process in fistulæ.

Or again, the failure may result from a desire on the part of the surgeon to hurry the matter, and thus save time for his patient. He may decide to dissect away all the diseased tissue, bring the parts together closely by buried or deep and superficial sutures, hoping to get union by first intention. The parts apparently heal rapidly, and the surgeon congratulates himself on thus saving valuable time. But before the patient leaves the hospital, or soon after his return home, the tissues break down at one point or another, and the surgeon finds he has his work to do over. Experience has taught me that abscess cavities or fistulous tracks quite a distance away from the bowel can be cleaned out thoroughly and put together with some hopes for primary union, but that sewing together the tissues near the bowel, and especially if the fistula runs very high in the rectum, is usually attended with failure.

Are operations for hemorrhoids ever attended by failures or bad results? Unfortunately they are. Probably the most common error committed is that of opening with the knife an external, œdematous hemorrhoid, under the supposition that it is of the thrombic variety. This is an unfortunate mistake, and but adds to the suffering of the patient. The causes giving rise to these two forms of hemorrhoids being so entirely different, a treatment which will relieve and cure the simple blood clot of the thrombic variety will but add to the inflammation and pain incident to the œdematous pile. Of the various operations usually done for the cure of internal hemorrhoids, there is not one single operation but from which we get at times, if not exactly bad results, at least not ideal. In England and parts of the Continent the ligature is used almost to the exclusion of any other method. Besides the great amount of pain always following

the employment of this method, unless the operator is very careful, cutting generously into the skin tissue and up well onto the hemorrhoid on its sphincter face, great contraction is sure to follow, and not infrequently stricture, hard to overcome, results.

In this country the slit operation performed with the scissors and the form of operation done with the scissors, clamp, and cautery have obtained most favor. The chief danger in the slit operation lies in the tendency to sacrifice too much tissue, in the effort to make a smooth surface. Unless some loose skin and mucous membrane is left, too great contraction is sure to follow, and no chance is left for the necessary dilatation required for the passage of a well-formed stool; pain, bleeding, fissure, etc., are sure to follow, and future operative measures to relieve are of little avail. The minor difficulties, like pain after the operation, pinching the nerve terminals by the sutures (of which we read so much at times), can all be overcome, and the operative method will always have a place in surgery.

In the operation by clamp and cautery, the trouble generally comes from the failure to take away sufficient tissue, particularly mucous membrane. Many operators wash and rub away the eschar formed by the cautery, a most mischievous custom, and likely to provoke dangerous hemorrhage. A failure also to recognize the large isolated hemorrhoids particularly suited for this method is another common error; and again, the fact that all anemic and chlorotic patients should have some other form of operation, owing to the feeble power of coagulation which the blood offers, and the danger of long-continued oozing, and consequent protracted convalescence after using the clamp and cautery.

I have not mentioned that almost diabolical method, known as the Whitehead or the American operation, for the cure of hemorrhoids, which to my mind has nothing to recommend it and everything against it. I have on several occasions given my reasons for disliking it at length, and now should consider myself false to my convictions did I fail to raise my voice in solemn protest against its employment by



any one for anything. Many of our special organs come in pairs, provided thus by a beneficent Creator, and allowing for loss by accident or otherwise of one member, and yet keeping with us a serviceable arm, eye, or ear. The rectum is admirably fitted by nature for its office, but it is one of a kind and does not come in pairs; once ruined by careless or overzealous surgery, it remains but as a memory or reproach as long as life exists.

This most unscientific operation was first exploited to provide an absolutely radical operation for hemorrhoids. We will grant that it does this fairly well, but it leaves no practical anus. As well amputate a finger to cure a felon. It may be true that in a young and vigorous person obliged to live by heavy work no operation generally approved is absolutely radical, especially if the causes which led up to the formation of the hemorrhoids are still at work, and this leads up to the point or keynote, if it may be so called. If your patient is a woman and you find a heavy uterus retroverted and pressing on the rectum, acting as a mechanical obstacle to the return of venous blood through the hemorrhoidal veins, your case will tend to relaps unless you cure the flexion. If you deem a curettement and ventral suspension to be the only sure method, you must do these operations as well. If your patient is more or less a nervous wreck and a lacerated cervix is found, your rectal operation will go for naught unless the cervix is repaired, possibly the perenium as well, and not infrequently the clitoris needs attention. Nor is your whole duty by your patient done if you fail to carefully examine the ovaries and tubes while under ether; and if disease is diagnosed, they can be removed under one anesthesia, the patient and her friends having given full consent before the operation. It becomes, therefore, absolutely necessary that the successful rectal surgeon be able to cope with the more common forms of pelvic disease, that he may cure many cases referred to him.

While constipation not infrequently follows as a result of ulceration and other rectal disorders, it more often acts as an excitant in the production of the trouble. Here again,

a failure is almost sure to follow an operation on the rectum, noticeably so for hemorrhoids, if the constipation is not taken into account and cured if possible.

Do not attempt such cure, however, with cathartics, for by so doing you will but make a bad matter worse. Do not resort to glycerine suppositories; they produce their effect from their irritating properties on the mucous membrane, and irritation, inflammation, and ulceration are very nearly allied to each other. An intimate knowledge of the whole intestinal track, including the process of digestion and assimilation, becomes almost a necessity to successful work in this department. The necessary time limit in a paper of this kind will preclude the mention of, or at least more than hinting at, the chance for errors in the operations for fissure, stricture, cancer, etc.; but it would not be right to bring this article to a close without referring for a moment to the all too frequent failure to take into account the rectal reflexes, and always insisting on a thorough examination of the rectum in a puzzling case, by one competent at least to recognize a pathological condition.

The subject of reflex action on organs distant from the seat of the disease has long occupied the attention of those engaged in special work, and by their brilliant cures and their persistent writings on the subject the attention of the entire profession has at least been arrested. The aim of the physician is to cure his patients, and often a correct diagnosis can only be reached by careful and systematic exclusion. My earnest advice in this process of exclusion is, do not neglect the rectum.

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RATE OF NAIL GROWTH. — A considerable divergence of opinion exists as to the rate at which the finger nails grow. Beau gives as a rule that the nails of the hand grow one millimetre per week. At this rate the nails, which average fifteen millimetres in length, would take 105 days to grow out. Dufour gives 121 to 138 days. — *Exchange*.

## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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## REPORT OF HAHNEMANN MONUMENT COMMITTEE.

In our issue of last month we submitted the financial report of the committee appointed by the Institute to raise the funds for the Hahnemann Monument. This report should receive the careful attention of every member of the Institute, and if it does receive that analysis and study which it deserves we are confident that the heart of every just and reasonable member will be filled, first, with appreciation and gratitude toward the committee for the work they have so far accomplished, and secondly, with a sense of shame that all the work has been practically thrown on the shoulders of these few men, and that he, himself, as a member of the Institute has done little or nothing.

The report shows that great praise is due the committee from the Institute and profession, and especially to its Chairman, Dr. James H. McClelland, and its Secretary, Dr. Henry M. Smith, who must have put an enormous amount of time and energy into this work, to say nothing of the pecuniary and professional personal sacrifices which they must have made.

For any committee to have raised over \$29,000 during the past few years of business and financial depression, when even well-invested properties have brought in but meagre returns, has been to accomplish a great deal, and a very casual examination of the report will show that all this work has been done at an expense of only about \$3,000—the awards for competitive designs and models amounting to over \$1,200, being legitimately chargeable to the construction account of the monument. All this shows not only earnest work on



the part of the committee in soliciting, but excellent judgment and prudence in expenditure.

It is to be much regretted that there are those in the profession who have not been above criticising unjustly and unfairly, as we believe, the labor of this committee. To find fault is easy and is a chronic affliction with some temperaments ; fortunately the good sense of the healthy majority allows such grumbling to pass harmlessly by as a thing unpleasant in the extreme, but that has to be endured, like an East wind on a spring day. The real truth of the matter would seem to be that the Institute appointed this committee to have this matter in charge and then left them to do all the work — work entirely different from the usual labor of the Institute, and for which any committee from their own number would not be especially fitted by previous experience and training to perform. That they have accomplished so much under the existing circumstances is greatly to their credit ; and we feel assured that if every individual member of the Institute would take this matter seriously to heart and give to this committee the support both moral and financial which they have earned, the completion of the fund would be assured within a reasonable time.

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## EDITORIAL NOTES AND COMMENTS.

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### IN MEMORY OF DR. CONSTANTIN HERING.

On New Year's night a reception was given in the recently completed Hering Building to commemorate the one hundredth anniversary of Dr. Constantin Hering, who was known as one of the founders of homœopathy in America, and the opening of the building, which has been erected by Walter E. Hering as a memorial to his father. About nine hundred invitations were issued. Mrs. Therese Hering and Mr. and Mrs. Walter E. Hering received their

guests, who numbered more than five hundred. During the evening vocal and instrumental music was rendered, and Dr. Charles Mohr, of Philadelphia, and Rev. S. S. Seward, of New York, delivered appropriate addresses. Among those present were Mayor Ashbridge, ex-Mayor Stuart, Justice James T. Mitchell, Judge William B. Hanna, Charles C. Harrison, and Dr. William P. Wesselhoeft, of Boston.

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## NOTES ON CURRENT RHINOLOGICAL AND LARYNGOLOGICAL LITERATURE.

BY GEORGE B. RICE, M.D.

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### TAKING COLD.

BY GREEN V. WOOLLEN, M.D.

[*Read before the American Laryngological Association at the Twenty-first Annual Congress.*]

In this article the author reviews the literature on the subject at some length, and concludes by expressing the opinion that a subnormal or an inability to preserve a normal temperature is primarily the beginning of the pre-catarrhal state, and that this is largely due to poorly digested, excessively developed, partially assimilated, and non-eliminated nutritional elements in the system. Dr. Woollen also believes that there is a causative relationship between nasal stenosis and faulty hæmatosis and body temperature. He states that mouth breathers have very generally subnormal temperatures—not that one condition is the exclusive cause of the others, but that one materially contributes to the causation of the others. The deductions he makes are in the greater care of the newborn, the tender, and the immature; the proper care of the adult's body; watchfulness against overheated houses; attention to the elimination of effete material from the body; and the restoration of the nutritive processes of the system.—*New York Medical Journal*, January 13, 1900.

## DETAIL IN CLEFT PALATE OPERATIONS.

BY STEWART L. MCCURDY, M.D., PITTSBURG, PA.

[Read before the American Medical Association.]

This article consists of a description of the Davies-Colley operation for cleft palate and also the method adopted by Dr. Fillebrown of this city. The value of the paper is somewhat lessened by the lack of clearness of expression. Many of the descriptions of the details of the operation would seem to be very obscure, much being left to the imagination of the reader, notwithstanding the numerous illustrations. A new mouth gag and two new instruments are illustrated and described. A discussion of the paper followed its reading, Dr. Ochsner, of Chicago, emphasizing the necessity of daily instruction in the use of the voice after operation. Dr. Bullett, of Louisville, believed that a mouth gag without an attached tongue depressor was preferable to the combined instrument. In his opinion the tongue could be more easily controlled by means of a strong ligature passed through the end.—*Journal of the American Medical Association, October 28, 1899.*

FOREIGN BODY, CHISEL, IMBEDDED IN THE NASO-PHARYNX  
AND POSTERIOR PHARYNGEAL WALL.

BY CARY B. GAMBLE, M.D., AND L. M. TIFFANY, M.D.

This most remarkable accident occurred to a wood carver while working over a frame in which were fastened two chisels, the appliance revolving at the rate of 3,200 times a minute. A portion of the machine broke, setting free the chisels, they being each four and one half inches long and one inch wide. The workman was struck by them and when found was insensible, and "bleeding from a cut across the thyroid cartilage, which with the cricoid and trachea were torn; a cut also extended from the inner side of the right eye upward to the bridge of the nose, which was fractured."

Only the first wound was given close attention at the time, the latter bleeding but little. But one chisel was



found, while the other was supposed to have been lost. On recovering consciousness the patient's voice was muffled and the neck stiff, and the head inclined forward and to the right. He had difficulty in swallowing and fluid regurgitating through the nose. The vision of the right eye was gone. Sixty-nine days after the accident the above symptoms had not changed; there was in addition muco-purulent discharge from the right nostril and also much mucous secretion from the naso-pharynx into the throat.

At this time the patient underwent an exhaustive examination and a skiagraph was taken, the result being that the last chisel was found lodged in the naso-pharynx. It was removed by the way it found entrance, through the face, a preliminary tracheotomy having been first performed. The patient made a good and uneventful recovery. — *Philadelphia Medical Journal*, January 6, 1900 (*Illustrated*).

REPORT OF A FEW CASES OF CHRONIC EMPYEMA OF THE  
ANTRUM OF HIGHMORE; OPERATION BY THE  
CALDERWELL-LUC METHOD.

BY A. W. DE ROALDES, M.D., NEW ORLEANS.

[*Read before American Laryngological Association at its Twenty-first Annual Congress.*]

The author of this paper gives a description of this operation as performed upon five patients under his care. The operation is as follows: The upper lip is retracted and everted, and an incision made through the soft parts, beginning just below the gingivo-labial fold near the frenum anteriorly and extending posteriorly in a horizontal direction back to the root of the first molar tooth. The periosteum is included in this incision, the flaps are detached from the bone, and the bony anterior wall laid bare. An opening is made into the antrum at the deepest point in the canine fossa and then enlarged sufficiently to allow inspection of the inner antral wall and the easy entrance of the finger.

Thorough curettement is then performed, care being taken to break down any thin, bony walls which may divide the antrum into sections. The anterior portion of the inferior

turbinated body is now cut away, and the bony partition separating the inferior meatus from the antrum is partially broken down. The periosteum and mucous membrane beneath the lip are brought together with fine catgut, a strip of gauze pushed through the nasal antral opening, and the operation is completed. The wound under the lip usually heals by first intention; the antrum is syringed twice daily with an antiseptic solution through the nasal opening for from four to six weeks, when the discharge in the majority of cases ceases and a permanent cure results.

It is not considered good surgery to perform this radical operation until the more simple methods of opening and cleansing the maxillary cavity have failed. For cases of long standing which have resisted these methods of treatment, the operation described seems, in the hands of Des Luc, Caldwell, and De Roaldes, to have been followed by satisfactory results. — *New York Medical Journal*, January 6, 1900.

In the *Journal of the American Medical Association*, December 16, Dr. Edwin Klebs puts in a plea for the more careful local treatment in diphtheria. He thinks that such aids in the management of diphtheritic cases have been much neglected since the advent of serum treatment. It seems to the writer of these notes that such suggestions are timely. It is to be hoped, however, that the harsh local treatment of not so very long ago will not be revived, but that the necessity of keeping the nose and throat clean in patients suffering from diphtheria will be more fully recognized.

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## SOCIETIES.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### *Business Session.*

The annual meeting of the society was held at the Boston University School of Medicine, Thursday evening, January 4, 1900.

The meeting was called to order at eight o'clock by the President, Sarah S. Windsor, M.D.

The records of the last meeting were read and accepted.

Anthony F. Booth, M.D., of Boston, was elected to membership.

The annual reports of the Secretary, Treasurer, and Auditor were read and accepted.

The President appointed the following committee to draw up resolutions on the death of Dr. Frederick D. Stackpole: Drs. S. H. Calderwood, Frederick A. Davis, and Susan H. Gibbs.

Dr. William O. Mann having returned to the State, his name was transferred, by vote of the society, from the corresponding list to that of active members.

The resignation of Dr. Kenneth R. Parmenter, of South Framingham, was read and accepted, and his name placed on the list of retired members.

*Voted*, That the society, through the Secretary, extend to Dr. Percy G. Browne, of East Boston, now ill with typhoid fever, sympathy and best wishes for his early recovery.

The society then proceeded to the annual election of officers, Drs. J. Arnold Rockwell, Jr., and J. Miller Hinson being appointed Tellers by the President.

A unanimous vote of thanks was tendered Dr. George B. Rice and friends for the excellent musical program, which added so much enjoyment to the evening.

Dr. Windsor's address on "The Contrast between the Condition of Medical Knowledge Now and at the Beginning of 1800" was able and opportune.

Following the President's address, the Tellers announced the following election returns:—

President, Frederick W. Halsey, M.D.; First Vice-President, Frank E. Allard, M.D.; Second Vice-President, T. M. Strong, M.D.; General Secretary, Edward E. Allen, M.D.; Associate Secretary, H. O. Spalding, M.D.; Treasurer, Maurice W. Turner, M.D.; Auditor, H. P. Bellows, M.D.;



Censors, F. P. Batchelder, M.D., Martha E. Mann, M.D., George R. Southwick, M.D.

After a vote of thanks was tendered the retiring President, Dr. Sarah S. Windsor, for the able and faithful discharge of the duties of President during the past year, the meeting adjourned at 9.30 to the lecture hall, where a collation was served and a social hour enjoyed.

FRANK E. ALLARD, *Secretary*.

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### NEW ENGLAND HAHNEMANN ASSOCIATION.

The annual meeting of the New England Hahnemann Association was held Monday, January 8, at 12 M. at the Boston University School of Medicine. The following officers for the coming year were elected: President, William Taggard Piper, of Cambridge; Vice-Presidents, Hon. Alden Speare, Newton, Julia Ward Howe, Boston, Hon. Charles R. Codman, Barnstable, E. W. Burdett, Boston, Henry M. Baker, Concord, N. H., Henry Howard, Providence, R. I., Dr. Nancy T. Williams, Augusta, Me., W. R. Burnham, Norwich, Conn.; Treasurer, R. H. Stearns; Assistant Treasurer, F. W. Stearns; Recording Secretary, Conrad Smith, M.D.; Corresponding Secretary, Horace Packard, M.D.; Directors, Samuel P. Mandell, Edmund A. Whitman, Dr. Conrad Wesselhoeft, James M. Bugbee, Dr. A. J. Baker Flint, J. L. Grandin.

At this meeting it was voted to transfer \$7,000 from the treasury of the society to the treasury of the Boston University School of Medicine.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### *Business Session.*

An adjourned meeting of the society was held at the Boston University School of Medicine, Thursday evening, January 18, 1900, at 8 o'clock, the President, Frederick W. Halsey, M.D., in the chair.

The records of the last meeting were read and accepted. As this was an adjourned meeting, no business was transacted.

Dr. Windsor reported further subscription to the Hahnemann Monument Fund of \$5 from Dr. Mary L. Swain.

### *Scientific Session.*

Dr. Edward E. Allen exhibited a growth which had been removed from the larynx by Dr. George B. Rice. The growth was about as large as a hazelnut, of firm consistency, and occupied a position at the anterior extremity of one of the vocal chords. Dr. Rice removed it successfully with a cold snare.

### REPORT OF THE SECTION OF SANITARY SCIENCE AND PUBLIC HEALTH.

JOHN A. ROCKWELL, M.D., Chairman;

MARY R. LAKEMAN, M.D., Secretary;

CARROLL C. BURPEE, M.D., Treasurer.

The President appointed Drs. T. M. Strong, George R. Southwick, and F. P. Batchelder a committee to nominate sectional officers for the ensuing year. They reported as follows: Chairman, Frank E. Allard, M.D.; Secretary, Charles L. Farwell, M.D.; Treasurer, H. Drummond Boyd, M.D., who were duly elected.

### PROGRAM.

1. Sight and Hearing of School Children. David W. Wells, M.D. Discussion opened by Fred. B. Percy, M.D.

2. A Report of the Children's Seaside Hospital. Carroll C. Burpee, M.D.

3. The Collection and Bacteriological Examination of Air under Different Systems of Ventilation. J. Arnold Rockwell, M.D. Discussion opened by Professor Sedgwick of the Massachusetts Institute of Technology.

4. Antiseptics and Disinfectants. Charles L. Farwell, M.D.

1. Dr. Wells, in his interesting paper on the "Sight and Hearing of School Children" called attention to the fact

that while medical examiners visited the schools of Boston every morning to prevent the spread of contagious diseases, no report was made regarding the eyes and ears of the scholars. This he considered an important matter, and deficiencies in these senses often affected the standing of the pupil. In Brookline considerable had been done in this direction, and the writer himself has been active in this matter throughout the public schools of Wellesley.

Dr. Percy was not present to open the discussion of this paper.

2. The "Report of the Children's Seaside Hospital" during the past season was an encouraging one, the death rate being very low. It was open about ten weeks and forty-three children were received; six died. Funds are needed to carry on the beneficent work to yet greater efficiency. Dr. Burpee hoped before long there would be a homœopathic hospital for children.

3. Dr. Rockwell, before reading his paper, stated he would like to correct the title to read "The Collection and Bacteriological Examination of Air." When a student at the Massachusetts Institute of Technology, Dr. Rockwell made the experiments noted in his paper.

Prof. William T. Sedgwick, of the Institute of Technology, in opening the discussion of this paper, said in part: I have listened with a great deal of interest to Dr. Rockwell's paper, for it has brought back to me the careful way in which he went to work, as a senior student of mine at the Massachusetts Institute of Technology, to carry out his investigations; it means a great deal of hard work.

The results which he has given you are sufficient.

I will take up one subject, which he took up at this time, but has not touched upon—the air of dusty streets. Take this dust cloud on Commonwealth Avenue and see what he found there. I have had occasion to quote his result, which has been somewhat distorted in going about the country. In one of these dust clouds (10 litres) he got something like 200,000 organisms in about ten minutes. Now, that single fact has been very useful to me. I have been enabled by



means of it to interest many people in the streets of Boston, and if we are bound to have dusty streets, we shall have dusty churches, houses, and theatres. I fear that Boston will be known as the dusty city, as Chicago is the windy city and Cincinnati the smoky city. In the case of dust, we are already in for it. The trouble is, of course, that we have country roads in the city. We have macadamized roads and a lot of them. There are 479 miles of highway, of which over 200 miles are macadamized, 89 miles granite block, and 10 or 12 of asphalt. The macadamized road is to all intents and purposes a country road, made of broken stones which become dirt. What is that dust? It is a mixture of pulverized dust and horse dung. On Commonwealth Avenue you have in addition the expectorations of people driving down the street, droppings of dogs and other excreta, which tend to pollute the streets; it is ground up by wheels and boots and gets into our lungs, houses, and theatres. What are those germs? Bacteria from horses and dogs, pneumonia and diphtheria germs. This is a bad thing for an æsthetic city, and it will prevent persons of refined taste coming to the city. The Back Bay is a windy place and particularly fitted for dust clouds. The time will come when the Back Bay will be deserted as a residential portion, because of the dust. If they can go to the hills of Brookline, they will do so. People are getting waked up to it. In the city, the streets where the poor people live are the most important, because the streets are their common property, their parks, and ought to be the cleanest.

Dr. Rockwell has pointed out the importance of mechanical ventilation and filtration. Filtration is difficult and expensive to carry out, but air can be taken from the top of buildings, and that is what is being done more and more. Instead of taking the air from the street, it is taken from the top of the building, where it is free from impurities. Car ventilation is one of the important questions, and railroads are investigating to find means for carrying off cinders and dust. What is the use of pure water if we take into our lungs quarts of impurities? We must get rid of dust.

New York has taken the bull by the horns and asphalted the streets off Fifth Avenue. Street cleaning is a very important thing. In one block, in which there was a school for young women and other institutions, which made it desirable for residences, there were evidences of 100 horse droppings. We ought to have the best streets in the country. It is simply a question of expense. Asphalt pavement will cost \$4 per square yard, and there are 479 miles of streets. This will give you some idea of the expense of replacing the present pavement. If we spend all the money in parks, we shall not have clean streets. It has largely come down to good government.

Dr. Conrad Wesselhoeft gave an account of experiments he had made with street and house dust. The former he obtained from the cold air box of his furnace, the latter from a carpet cleansing factory, and subjected them to a microscopic examination. That was enough to convince me, said Dr. Wesselhoeft, of the dangers contained in dust. I found everything that Dr. Rockwell found, chiefly of an animal nature, horse manure, excreta of dogs, and everything that was thrown in the streets in the way of organic matter. The nature of street and house dust vary very little, except that house dust contains carpet wool of all colors. I tried to go still farther. If I had known that Dr. Rockwell was investigating, I should have gone to headquarters for assistance. A senior student assisted me in making the cultures from this dust, and we found a large number of microbes and bacilli, many of them of a pathological nature.

There was another subject which was not exactly touched upon — the cleansing of the dusty streets. Not only horse manure remains on the streets, but horse urine runs into the gutters and stands there days at a time, mixes with other waste material there, and makes one of the best culture mediums in the world. It must be the cause of a good deal of sickness in the city. I am glad of the discussion here and that my attention has been called to it. I hope those who go out to practice will keep their eyes open and use what they have learned here to obviate disease.

4. "Antiseptics and Disinfectants," by Charles L. Farwell, M.D., was a practical paper on a most important subject, and was intelligently handled by the writer.

Professor Sedgwick: I have been very much interested in the last paper, and would like to know why the doctor omitted formalin.

Dr. Farwell: I did so on purpose, because I wanted to bring out discussion.

Professor Sedgwick: It would be like Hamlet with the ghost left out. The things which the doctor mentioned are very desirable, but I should also say something about sunlight. It is one of the best and cheapest of disinfectants. As we go on I think more attention is being paid to old-fashioned cleaning. The washing off of school desks is important. Sunlight and mechanical removal are, what they have always been, most effective disinfectants. Under fairly favorable conditions formalin will do good work. No disinfectant is entirely effective. All good ones will reduce the percentage to such an extent that very little harm will be done.

I am very glad that this matter is being taken up.

I have one teacher who has made an examination of the drinking cups in the public schools. They are never known to have been washed, and she has made cultures from those dippers. She set the children to washing the dippers once a day and then made cultures from them and found them clean. Those that had never been washed were absolutely alive. Why should not the boys and girls get personal lessons in cleanliness, in cleaning their desks? They should spend the first ten minutes in the morning in cleaning up their desks. I want to congratulate you in having a Section of Sanitary Science and Public Health, which will take up these subjects, and I beg you to push things. The medical profession has always been theoretically, but not practically, devoted to Sanitary Science and Public Health.

Dr. Halsey: I think we all feel deeply indebted to Professor Sedgwick for the interesting talk he has given us to-night, and we will trust that it will stimulate the society in the good work which some of us are doing. I regret



that the meeting has been so poorly attended to-night, but it was unavoidable, it being a special meeting. I trust a full report will go out, because the subject is of vital importance.

Dr. Batchelder: I have been exceedingly interested in the program. I think we ought to take cognizance of the matter.

I move a vote of thanks to the executive officers of the section for their interesting program, and also to Professor Sedgwick for his valuable remarks. Motion carried.

Adjourned at 10.05.

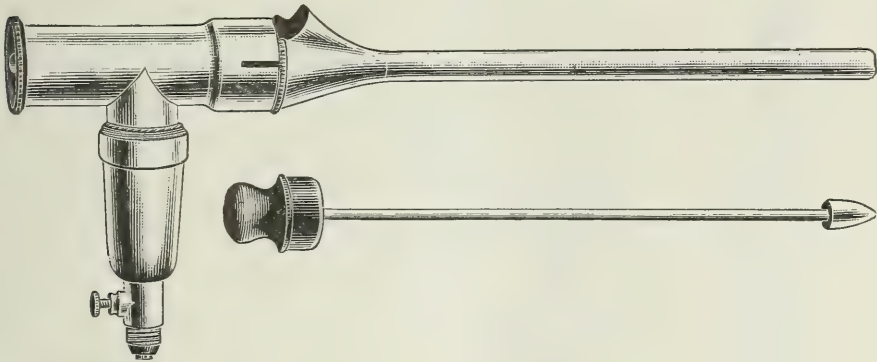
EDWARD E. ALLEN,  
*Secretary.*

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### ITEMS OF INTEREST.

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ELECTRIC CYSTOSCOPE AND URETHROSCOPE. — The cut given below represents a combination urethroscope and cystoscope of new design. The electric light attachment



is supplied with a finely ground lens and concave reflector and can be readily detached when it is desired to operate. The power is supplied by a portable dry cell primary battery which can be used for lighting other forms of endoscopic apparatus, including auriscope and nasoscope, tongue depressor, electric laryngoscope, headlight, etc. It can also be

used for heating a small cautery, energizing an electro-magnet for removing small pieces of iron or steel from the eye, and various other purposes. For sale by Otis Clapp & Son.

AN IMPROVED X-RAY TUBE. — The X-ray tube illustrated herewith is believed to possess several advantages over tubes of older pattern, and is especially designed for use with static machines. It is constructed of an imported glass of a tough nature, free from lead, and its shape is such as to give it extra strength. The anode is composed of a flat, curved piece of metal, to which is attached the aluminum rod leading to the outside of the tube. The platinum reflector is stretched over this piece of metal in such a manner as to leave a perfectly smooth surface, a decided improvement on old style tubes, in which the aluminum rod pierces through the centre of the platinum. The rod is firmly supported near the anode, so that no danger can be apprehended of throwing it out of place. The position of the cathode in relation to the glass is such as to prevent leakage of the rays, and its relation to the anode is determined upon scientific principles. The result of these improvements is a tube which gives X-rays of deep penetration, excellent definition, and remarkable brilliancy. Price, \$9.00. Sold by Otis Clapp & Son.



A SUBSTITUTE FOR THE X-RAYS? — In the editorial column of the *New York Tribune* (December 17), reference is made to the discovery of a new element which is said to give off continuously rays that resemble Roentgen radiation

in their ability to penetrate many substances opaque to ordinary light. We quote from the article as follows :—

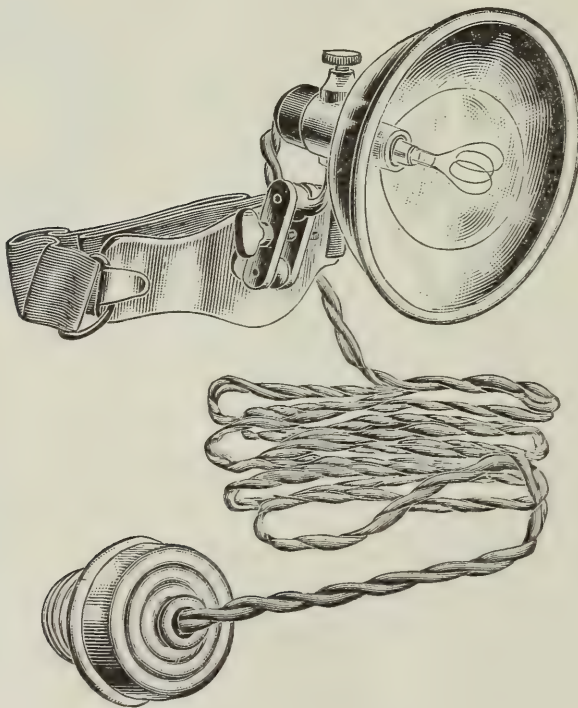
The investigation of M. and Mme. Curie, which resulted in the finding of radium, began early in 1898, if not before, and were doubtless stimulated if not suggested by the Bavarian professor's brilliant achievement. Roentgen's work naturally called to mind the observations of Becquerel, that uranium and its salts exerted a very feeble photographic influence. By experimenting with pitchblende, the substance from which uranium is obtained commercially, M. and Mme. Curie found that the former yielded the same effect much more conspicuously. This led them to suspect that they were on the track of a new element. They even went so far as to name it provisionally, although much difficulty was experienced in separating it from the substances with which it was associated. Just before the close of the year with the coöperation of M. Bemont, they obtained indications of still another new element. The first they called "polonium" and the second "radium." Polonium is believed to surpass uranium and its salts in emissive power five hundredfold, but Professor Barker estimates the efficiency of radium at one hundred thousand times that of uranium. For this reason and because of its comparative cheapness and simplicity, the second of the Curies' discoveries seems destined to replace the costly and complicated X-ray apparatus in the realm of surgery.

These rays will affect a photographic plate in a manner similar to X-rays, but we have had no intimation that they will cause crystals either of calcium tungstate, platino-cyanide of borium, or any other substance to fluoresce, and unless some material is discovered which will light up under their influence, it seems improbable that the last assertion in the above quotation will be verified. The superior value of the fluoroscope, as compared with the photographic plate in making X-ray examinations, is acknowledged by experts, although in some cases the radiograph might prove of greater value. As a radiograph is only the imprint of a shadow taken from a single position, and as such, liable to the distortion to which all shadows are subject, its reliability is doubtful. While the fluorescent image is likewise a



shadow, being movable, it possesses the advantage of being at the will of the operator as regards position, and thus by comparing the images taken from several different points of view, a much more accurate idea of the size, shape, and position of the object under examination can be obtained.

ELECTRIC HEADLIGHT FOR STREET-CURRENT. — This is designed to be used upon a circuit of from 100 to 110 volts, either direct or alternating. It consists of an eight-candle-power lamp of globular form about  $1\frac{1}{8}$  inches in diameter, with reflector, headband with double ball and socket joint, attaching plug and ten-foot cord. The lamp has a triple



spiral filament, and can be focussed by the aid of the reflector so as to give a light of great power and brilliancy. It will prove a valuable accessory in surgical examinations and operations, and has been used with success in connection with a Delavan condenser. For sale by Otis Clapp & Son.

THE ROTUNDA DOUCHE. — This is an instrument similar in design to Bozeman's uterine douche, but of larger size. It is recommended for use after curettement in post-parture or post-abortion cases. Its construction is such that it can be taken apart and easily sterilized, having no small cracks and creases to catch and retain septic matter. Price, \$1.75. Manufactured by Otis Clapp & Son.

VACCINATION CERTIFICATES. — A new style of vaccination certificate has been printed and bound together in a form similar in shape and size to a check book. The stubs are arranged for keeping a record of vaccinations, and the small size of the book makes it convenient to carry in the pocket. This book offers the physician a means of furnishing school children with a neat certificate showing their compliance with the laws relative to vaccination. Price of a book containing fifty certificates, 25 cents. Published by Otis Clapp & Son.

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## GLEANINGS AND TRANSLATIONS.

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INTRA-CIRCULATORY INJECTION OF SALINE SOLUTION. — “An emergency usually calls for the use of infusion. What are the indications? Shock, and acute anemia — namely, pallor of the surface of the body and coldness of the extremities; everything black before the eyes; rapid, feeble, or absent pulse; dyspnœa and sighing respiration; thirst and restlessness; the silver thread is so nearly broken that treatment must be immediate and effective. There is no time for consultation or temporizing. It is also indicated in that serious form of cachectic anemia, accompanying any disease when there is a severe, sudden drain upon the system through the loss of fluids; namely, exhausting diarrhœa and vomiting. Cholera morbus and Asiatic cholera have been successfully treated by this measure.

“I wish to emphasize the value of infusion in cases of shock after operations, even though little or no hemorrhage may have taken place. The utility of such treatment is explained by the fact that shock is caused by paralysis of the heart and vaso-motor paralysis of the abdominal vessels. When such a paralysis exists a patient literally bleeds into his own veins, for the abdominal vessels suddenly dilate and lose their tonicity, causing a stagnation or accumulation of blood within the abdominal cavity, and a consequent anemia of the brain and extremities, a condition simulating sudden hemorrhage. The abdominal veins alone, if paralyzed, are capable of holding all of the blood of the body. Now we can understand why an extra amount of circulating fluid will improve our patient's condition and overcome the shock.”

After detailed instructions as to the best way of giving intravenous injections of saline solution, the author calls attention to the following additional points : —

“In some cases the solution has been injected into the radial artery. It may be injected into the loose cellular tissue of the abdominal wall in the inguinal region, or inner side of the thigh, and it is remarkable with what rapidity the solution disappears. It may also, in females, be injected under the breasts.

“We must keep in mind one fact, namely, that if our case is a serious one, the patient in extremis, there may not be circulation enough to absorb the fluid injected by the intracellular method.” — *Dr. E. N. Leake, in the Medical Era.*

ADVICE TO YOUNG PHYSICIANS. — Do not aim to establish reputation ; work for character. Reputation is easily lost or stolen, character is with you always ; reputation carries a tremendous responsibility (the responsibility of keeping it), it is a hard taskmaster ; character is no taskmaster, it is an inspiration and prompts to action. Work to form, strengthen, and keep strong your character, and the public will furnish you with a reputation. All the bluster and boom to make himself a reputation which the quack can blow from the blatant trumpet of his self-conceit will not prevent his reputa-



tion from withering like the seeds that fell upon rocky ground and could find no root. To secure a permanent reputation character must be the mainspring of action, and true merit must be at its foundation, and the qualified arbiters of social opinion must award it.

The most precious thing an honest man can leave to his fellow mortals when he joins the silent majority is the history of a well-rounded character, for the character is the man. Upon character depends all progress, especially medical progress, and to the liberal, consistent, honest character are science and art indebted for the progressive physician. — *Exchange*.

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## REVIEWS AND NOTICES OF BOOKS.

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LECTURES ON THE PRINCIPLES OF SURGERY. By Charles B. Nancrede, M.D., LL.D., Professor of Surgery and of Clinical Surgery, University of Michigan, Ann Arbor, etc. Philadelphia: W. B. Saunders. 1899. pp. 398. Price, cloth, \$2.50, net.

As its title indicates, this is not a work on general surgery, but one offering a course on the fundamental principles preparatory to more extended and exhaustive study. The "principles" considered are, in brief, "those laws formulated from the combined results of experience and experiment, which, when applied to special cases, are found to explain the phenomena of disease and indicate the general measures best calculated to combat morbid conditions." At first reading this would seem sufficiently comprehensive, but a careful examination of the book itself shows a judicious selection and development of topics from the wealth of material at hand. Operative surgery naturally receives but incidental mention as being outside the scope of such a surgical primer, but many important subjects are written up very instructively, among them being hyperemia, regeneration of tissue, inflammation, the treatment of inflammation, surgical fevers, pyemia, auto-intoxication, suppuration, gangrene, ulceration, erysipelas, tuberculosis, hemorrhage, hemostasis, steriliza-

tion, varieties and treatment of wounds, shock and its treatment, anesthesia, etc.

A *résumé* of the principal views held concerning the nature of inflammation, by Dr. Wm. A. Spitzley, has been added in the form of an appendix. Although intended as a manual of preliminary instruction, we think it excellent reading for those already actively engaged in surgical work, and by no means likely to prove valueless to the general practitioner.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY. By George F. Butler, Ph.G., M.D., Professor of Materia Medica and of Clinical Medicine in the College of Physicians and Surgeons, Chicago. Philadelphia: W. B. Saunders. 1899. pp. 860. Price, cloth, \$4.00, net; sheep or half morocco, \$5.00, net.

An intelligent and comprehensive understanding of materia medica and therapeutics is essential to the student of every recognized school of medicine. To gain this understanding he must have as external aids not only the teaching of a competent lecturer, but also through the medium of the printed page supplementary instruction in all branches of these closely allied subjects. Such instruction the work in question purports to give clearly, concisely, and practically. Its arrangement embodies the synthetic classification of drugs based upon therapeutic affinities. New remedies comparatively untried and unproven are in many instances omitted, while a descriptive enumeration is given of only such drugs as are regarded by allopathists as of unquestioned value. Even a few official drugs, seldom used, are excluded.

The chief headings appearing in the table of contents are: Pharmacology and General Therapeutics (under which are grouped classification and administration of medicines, untoward effects of drugs, and weights and measures); Pharmaceutical Preparations; Disease Medicines; Symptom Medicines; Topical Remedies. In addition there is an interesting chapter on Prescriptions, which includes a list of Latin terms, endings, abbreviations, and the like, the combination of drugs, incompatibility, etc.

The book is supplied with both a clinical and a general index.

The author has some excellent ideas; thus while not belittling the value of bacteriological discoveries in the treatment of disease, or the triumphs of operative surgery, he insists on the continued and increased necessity for a thorough knowledge of the resources of

our *materia medica*, and for the careful and intelligent application of remedial agents. He comments adversely upon the lack of proper academical training so often observable, and calculated to discredit the learning and ability of a profession which should be of all others the most highly esteemed. There is no representative of it, we feel sure, who cannot profit by such teachings, or who will not benefit himself and his confrères by discouraging hasty and imperfect preparation on the part of those who wish to qualify for the practice of medicine.

While our own system of *materia medica* and therapeutics diverges widely from that taught by Dr. Butler, his own and other kindred works are not devoid of interest, and an honest agreement may well be reached on the common ground of a common demand for higher educational standards and requirements.

A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY. By Elbert W. Rockwood, B.S., M.D. Philadelphia: The F. A. Davis Co. 1899. Price, cloth, \$1.00.

In view of the fact that actual work is generally more fruitful in results than mere theoretical teaching, especially in chemistry, Dr. Rockwood has furnished medical students with a manual of physiological chemistry well designed to aid them in practical laboratory experiments. This manual includes, besides the necessary directions for experimental work, brief explanations of the facts observed so as to emphasize their meaning and secure something more than a merely superficial and mechanical observance of details.

The less important experiments, or those which are not of general interest, have been printed in smaller type than the body of the text. So far as possible the work has been arranged to require but a small stock of apparatus and reagents and such as are readily obtainable. Complicated experiments have been omitted for the most part, and the arrangement of the whole is such that an excellent course can be completed within the limits of a college year.

ESSENTIALS OF ANATOMY. By Charles B. Nancrede, M.D., Professor of Surgery and of Clinical Surgery in the University of Michigan, etc. Philadelphia: W. B. Saunders. 1899. pp. 419. Price, \$1.00, net.

There are few students or physicians who are not familiar with Mr. Saunders' series of quiz-compends. The one in anatomy, number three, has reached its sixth edition. This latest, thoroughly re-



vised issue includes questions and answers upon the bones of the head, trunk, extremities, articulations, muscles, and faciæ, vascular and nervous systems, visceral anatomy, organs of voice and respiration, generation, sense, the urinary organs, anatomy of inguinal and femoral hernia, the perineum and ischio-rectal regions. It is based on "Gray," last edition, but frequent reference to other standard anatomies has been made. Conciseness and accuracy have been faithfully striven for, and as a result "No. 3" well deserves its place near the head of the two dozen compends Mr. Saunders has prepared for the student world and distributed to the extent of 175,000 copies.

**ESSENTIALS OF MEDICAL CHEMISTRY — ORGANIC AND INORGANIC.** By Lawrence Wolff, M.D., Demonstrator of Chemistry, Jefferson Medical College, etc. Fifth edition. Philadelphia: W. B. Saunders. 1899. pp. 222. Price, \$1.00, net.

The fundamentals of physics and inorganic chemistry are not modified very markedly from year to year, consequently radical changes in these sections cannot be looked for and do not appear in the present edition. The chapters dealing with organic chemistry, however, have been considerably modified and enlarged, most noticeably so in the discussion of physiological chemistry. In this branch of the subject new facts of vital importance are rapidly accumulating, and are of exceeding interest to even the most superficial observer and student. Such an attempt, therefore, as has here been made to present a brief outline of the present status of our knowledge of the chemical constituents of the human body is highly commendable.

The arrangement of the text throughout the book in the shape of questions and answers is familiar to all.

Every effort has been made to secure the conformity of all statements to those of the principal text-books on the subject. The bibliography includes works by Fowner, Attfield, Richter, Charles, Barker, Witthaus, Holland, and other well-known writers.

**ESSENTIALS OF DISEASES OF THE SKIN, INCLUDING SYPHILODERMATA.** By Henry W. Stellwagon, M.D., Ph.D., Clinical Professor of Dermatology in the Jefferson Medical College, etc. Philadelphia: W. B. Saunders. 1899. pp. 276. Price, cloth, \$1.00, net.

The matter contained in this little volume presents the epitome of our present knowledge of cutaneous diseases in general. In addi-

tion some of the more rare affections are briefly described. Among the latter are hydroa vaccini-forme, blastomycetic dermatitis, erythema induratum, hydrocystoma, phlegmonosa diffusa, hydradenitis suppurativa, etc.

In addition to exhaustive quizzes on, first, the Anatomy of the Skin, second, Symptomatology, Diseases of the Skin are treated of by questions and answers in the following order and classes: I, Disorders of the Glands; II, Inflammation; III, Hemorrhages; IV, Hypertrophies; V, Atrophies; VI, New Growths; VII, Neuroses; VIII, Parasitic Affections. Appended is a table of the relative frequency of the various diseases of the skin as shown by the statistics of the American Dermatological Association for the decade following 1878.

CHILDREN, ACID AND ALKALINE. By Thomas C. Duncan, M.D., Ph.D., LL.D., Professor of Medicine and Diseases of the Chest, Dunham Medical College. Philadelphia: Boericke & Tafel. 1900. pp. 148. Price, cloth, 75 cents, net.

Dr. Duncan divides children who depart from the normal into two disease classes, namely, acid and excessively alkaline, and sets forth his ideas concerning them in the above "separate and convenient work." As it is neatly put in the preface: "The author does not claim originality except in the elaborating the idea and demonstrating by original research that it has a pathological basis."

The method of diagnosis of each class is given and the treatment medicinally and hygienically. The reader is instructed also in methods preventive and methods curative, of pre-natal and post-natal defects and diseases, as adopted and followed by the writer. "The elaborating the idea," presumably the idea of a universal acidity or alkalinity, will undoubtedly furnish physicians food for thought, though very possibly thought not confined within the boundaries of the author's unique and Duncanesque demonstrations.

THE EMPIRE OF THE SOUTH — ITS RESOURCES, INDUSTRIES AND RESORTS. By Frank Presbrey. Published by the Southern Railway Co. 1899. Quarto, pp. 184. Price, 15 cents.

Outlined both verbally and pictorially, much information may here be found concerning the principal interests of the South, — cotton, tobacco, fruit, rice, iron, coal, and timber. Its climatic advantages and various health resorts are entertainingly described, and its wonderful resources and capabilities clearly set forth.

The man with capital and the man without will both find much to stimulate interest in this section of our country and provoke a desire to at least visit it.

**BOTANICAL MATERIA MEDICA AND PHARMACOLOGY.** By S. H. Aurand, M.D., Lecturer on Botany, Pharmacology, and Physiological Materia Medica, and Instructor in Medicine in the Chicago Homœopathic Medical College. Chicago: P. H. Mallen Company. 1899. pp. 406. Price, \$2.50.

There is cause for regret in the fact that the title of this book is somewhat misleading, by no means because it asserts anything but the truth, but rather because it sets forth too little of it. Its subtitle, "Drugs Considered from a Botanical, Pharmaceutical, Physiological, and Toxicological Standpoint," really enlightens one but little more as to its true scope. Thus the work outside of botanical descriptions is preëminently instructive in remedies viewed from the homœopaths' standpoint, and prepared in accordance with the accepted standard of homœopathic pharmaceutical methods, yet nothing indicative of this fact appears on the title-page.

For the plan of the work, however, we have a word of praise. It seems desirable that something of the botanical story and history of each drug should be told in connection with its preparation and application as a remedial agent. There can be no good reason why a physician should not have a knowledge of the sources from which his remedies are taken, and an intelligent comprehension of how the skilled pharmacist makes his tinctures, triturations, etc. Such a knowledge is suggested on the pages of Dr. Aurand's little work.

One hundred and eleven of our chief remedies derived from the vegetable kingdom are described botanically somewhat at length, but rather too briefly from a physiological and therapeutical standpoint.

In fact, desire rather outruns performance, and we venture to predict that a second edition will contain more materia medica and therapeutics with the elision of little, if anything, of the matter now presented, and this without materially increasing the bulk of the volume, which now presents many a blank page.

These friendly strictures notwithstanding we are sure that physicians, unable to own a copy of the *Pharmacopœia* of the Institute with its wealth of information concerning all our remedies, will obtain many excellent points concerning the remedies Dr. Aurand mentions by purchasing his *Botanical Materia Medica and Pharmacology*.



THE MINERAL WATERS OF THE UNITED STATES AND THEIR THERAPEUTIC USES, WITH AN ACCOUNT OF THE VARIOUS MINERAL SPRING LOCALITIES, THEIR ADVANTAGES AS HEALTH RESORTS, MEANS OF ACCESS, ETC., TO WHICH IS ADDED AN APPENDIX ON POTABLE WATERS. By James R. Clark, A.M., M.D. Lea Brothers & Co. 1899.

This book of nearly six hundred pages is a carefully compiled directory of all the principal mineral springs in the United States, which is prefaced by several chapters on mineral waters and their therapeutic uses.

Part I comprises in ten chapters the origin, source, classification, solid and gaseous components, therapeutics of mineral waters, and a chapter on various medicinal douches and baths.

Part II names the States in alphabetical order, and under each State a most thorough account of the medicinal springs within its borders, their means of access, and an analysis of the water.

The book altogether shows a vast amount of painstaking investigation and compilation, and in these days, when the use of medicinal mineral waters is so prevalent, is an almost necessary addition to every physician's library.

AN AMERICAN TEXT-BOOK OF SURGERY. By Eleven Eminent Professors of Surgery. Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph.D. Philadelphia: W. B. Saunders. 1899. pp. 1,230. Price, cloth, \$7.00, net; sheep or half morocco, \$8.00, net.

It is a pleasure to give space to a notice of a third and admirable edition of a work of such magnitude written by representative American surgeons. The 29,000 copies already sold are an unmistakable evidence of popular favor, while 100 medical colleges, by adopting it as a text-book, have thus practically set the seal of their approval upon it. The four principal sections on, respectively, General Surgery, Special Surgery, Regional Surgery, and Operative Surgery but barely indicate the scope of the work, which is further outlined by nineteen chapters under the first, ten under the second, nine under the third, and eight under the fourth of the general headings above mentioned.

In the present edition much new matter naturally finds place, for progress touches surgery almost more often than any other branch of

the practice of medicine. Among the new topics introduced are orrho-(serum-) therapy, leucoxytosis, post-operative insanity, the use of dry heat at high temperatures, Krönlein's method of locating the cerebral fissures, Hoffa's and Lorenz's operations for congenital dislocations of the hip, Alis' researches on dislocations of the hip joint, lumbar puncture, the forcible reposition of the spine in Pott's disease, the treatment of exophthalmic goitre, the surgery of typhoid fever, gastrectomy and other operations of the stomach, several new methods of operating upon the intestines, the use of Kelly's rectal specula, the surgery of the ureter, Schleich's infiltration method and the use of eücaïne for local anesthesia, Krause's method of skin-grafting, the newer methods of disinfecting the hands, the use of gloves, etc.

The sections on appendicitis, on fractures, and on gynecological operations have been thoroughly revised and considerably enlarged. In these and other portions of the book appear frequent illustrations, among them forty colored and half-tone plates of unusual merit.

We observe with regret the omission of two chapters included in former editions; namely, those on the surgery of the eye and ear. The necessarily extended consideration of other more general topics doubtless justifies their exclusion. In all other directions the policy has been to expand and enlarge the work in so far as this could be advantageously accomplished with the not too narrow limits of a single volume.

**BACTERIOLOGY IN MEDICINE AND SURGERY.** A Practical Manual for Physicians, Health Officers, and Students. By William H. Park, M.D., Associate Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. Philadelphia: Lea Brothers & Co. 1899. pp. 688. Price, cloth, \$3.00, net.

There is certainly a great deal of truth in the statement that "it is only by the practical application of the principle and methods of bacteriology that many diseases can be positively diagnosed or the problems which present themselves to the sanitarian be certainly solved." At the present day when the study of micro-organisms is receiving so much attention it is a necessity that the physician should seek instruction in this direction if he wishes to keep abreast of the times. Much of such instruction will be found between the covers of Park's Bacteriology, a work in which laboratory technique is given in its essentials and to such an extent as is necessary to

make bacteriological methods plain to the physician, to guide him in making the simple examinations possible in his office, and to show him under what conditions he can obtain diagnostic or other helps from bacteriological examinations in laboratories. The fact has been considered and must necessarily be admitted, that while the physician can readily understand and apply the essentials of bacteriology, the actual carrying out of the more difficult examinations should be left to the trained bacteriologist.

In the work in question the methods used in the laboratory for the isolation and identification of the typhoid, tubercle, and diphtheria bacilli have been given with especial fulness to the benefit of physician and sanitarian both.

We also note that such subjects as the chemical changes produced by bacteria, infection, immunity, the nature and use of protective serums, and the diagnostic value of bacteriological cultures are particularly emphasized. The prominence given to these topics is fully authorized by the importance which attaches to an intelligent conception of the nature of infectious diseases. The writings of representative authors have been freely consulted, yet the results of considerable original research and investigation have been incorporated in the text, lending it additional interest and value. The majority of the illustrations are from photographs taken from cover-glass preparations and cultures by Dr. E. R. Leaming, Instructor in Photography in the Medical Department of Columbia University. A special index of "Diseases and the Bacteria Found in Them" accompanies the ordinary general index, and is a new and desirable feature.

**OPERATIVE SURGERY.** By Joseph D. Bryant, M.D., Professor of the Principles and Practices of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College, etc. Third edition in two volumes. Illustrated. New York: D. Appleton & Co. 1899.

Volume I. General Principles, Anæsthetics, Control of Hemorrhage, Treatment of Operation Wounds, Ligature of Arteries. Operations on Veins, Capillaries, Nervous System, Tendons, Ligaments, Fasciæ, Muscles, Bursæ, and Bones. Amputations, Deformities. Plastic Surgery.

This work carries the reader nearer to the operating-room and actual surgical procedures than the ordinary text-book of surgery.



It familiarizes one with the various operations and the instruments used. Much is gained in this respect by the introduction of half-tone groups of instruments, giving nomenclature of same. In all there are seven hundred and forty-nine illustrations, fifty of which are colored.

All the more recent and approved advances in surgery are embodied in this book. Due reference is made to the various methods, making the work a comprehensive one, valuable for the surgeon as well as for the student who follows surgical clinics.

The publishers have maintained their usual standard of excellence as regards the paper, type, and illustrations. If Volume II shows equal merit this third edition is guaranteed an even greater success than the previous editions.

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## REPRINTS AND MONOGRAPHS RECEIVED.

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The Vital Statistics of Massachusetts for 1897, with a Life Table based upon the Experience of the Five-year Period, 1893-97. By Samuel W. Abbott, M.D., Secretary of the State Board of Health of Massachusetts.

Excision of High Rectal Carcinoma without Sacral Resection. By N. Senn, M.D., Ph.D., LL.D. Reprinted from the *Philadelphia Medical Journal*.

The Etiology and Classification of Cystitis. By N. Senn, M.D., Ph.D., LL.D. Reprinted from *International Clinics*, Vol. II, eighth series.

The Caxton Caveat. Chicago: George H. Benedict & Co. December 15, 1899.

Baking Powders: A Treatise on the Character, Methods for the Determination of the Values, etc., with Special Reference to Recent Improvements in Phosphate Powders. By Charles A. Catlin, B.S., Ph.B., F.A.A.A.S. Providence: Rumford Chemical Works.

The Propagation of Diseases by Means of Insects, with Special Consideration of the Common Domestic Types. By W. M. L. Coplin, M.D. Reprinted from the *Philadelphia Medical Journal*.

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## COMMUNICATIONS.

### ANNUAL PRESIDENTIAL ADDRESS.

BY DR. SARAH S. WINDSOR.

[*Read before the Boston Homœopathic Medical Society.*]

*Ladies and Gentlemen*,— Standing as we do upon the threshold of 1900, you will not be surprised if I am tempted to use this occasion for a brief contrast between the condition of the medical world now and when 1800 was just dawning. You will notice I do not say the beginning of the century, for when *Transcript* correspondents and college presidents disagree, who would venture to say whether the new century begins this year or next. We are at least through with 1800 except as long habit drops the old familiar figures from our pens.

Imagine yourselves transported to the other side of the water and to the year 1800. It had been a stormy time, you remember, on the continent of Europe, with all the horrors of the French Revolution just subsiding under the sway of Napoleon. We cannot linger over general conditions, but must confine our observations to the medical aspect, which, however, may be suggestive of the bloody Revolution.

Medicine at this time was a conglomeration of systems, each expounded by some leader and taken up by a varying number of followers. There was a kind of mystery and awfulness about the physician (as well there might be about the man who could demand one's lifeblood), which placed him upon a little pedestal above the ordinary mortal. We can picture the typical doctor, powdered wig, regulation dress, with ruffled linen, silk stockings, and buckled shoes. His

lightest word was heavy with a meaning that only the practitioner of the same system could hope to fathom. It seems almost incredible that such theories should have met with any favor, but since they did, let us see what a very few of them were.

There was Stoll, who numbered many physicians from all parts of Europe as his disciples. His system was based on the principle that all diseases arise from the influence of a predominant constitution which is determined by the prevailing weather and epidemic fevers. Latent bile and latent inflammation were especially dangerous, and in consequence purgatives and emetics were employed until he must have been an extraordinary patient who could have been accused of retaining anything, latent or otherwise. Nevertheless, Stoll is spoken of as the greatest physician of his time, attending all the intelligent persons in Vienna, and as he had been dead but twelve years when 1800 came in, his system was still in vogue.

Kämpf, a contemporary of Stoll, placed the seat of most diseases in the abdomen and gave the name of infarctus to the offending cause; he really explains what he means, and I will give you his own description, which may make you wonder how any one could survive even that.

“By infarctus I understand an unnatural condition of the blood vessels, especially of the portal veins and larger blood vessels in which they are plugged and distended in various places by ill concocted, variously degenerated fluid, bereft, inspissated, viscid, bilious, polypous, and coagulated blood tarrying and eventually sticking in the circulation, or in which the inspissated serum in the blood, in the glands, in the cellular tissue, together with the above-mentioned blood dregs, collects, corrupts, dries, and takes on various forms of degeneration in the digestive passages.”

You may be sure the treatment was fitted to the disease. Clysters were the favorite means of disposing of such conditions; one physician is reported as having given as many as five thousand to a number of his patients. When we consider the composition of these clysters, “senna, spirits of



wine, dandelion, rhubarb, sal-ammonia, mercury, dog's grass, and antimony," we do not wonder that one writes of them as cleansing the tubes and passages of the human body like brooms, scrubbing brushes, and clearing rods.

Another system which had many adherents at the beginning of 1800 was that set forth by one John Brown, who, with the Scotch positiveness that makes good teachers and leaders, affirmed that he was presenting a real scientific view of medicine, and this soon received the title of the "Science of Nature." With his first proposition most of us will truthfully agree, namely, "Every human being possesses a greater or less degree of irritability. Health depends upon the possession of just the right amount of irritation."

Too much irritation produced the sthenic type of disease, too little, the asthenic type; and by a very simple line of reasoning, remedies were adapted to the two types. In troubles of the sthenic sort, "irritation diminishing" means and drugs were employed, the patient being subjected to a course of bleeding, cold, emetics, purgatives, and diaphoretics. On the other hand, when too little irritation was present all existing irritation was bottled up within the system, and any additional means used that the physician could think of, that is, meat diet, wine, spices, and drugs, such as musk, ammonia, and camphor. It required judgment to decide which type one had to deal with, but after that the choice of treatment was simple and the result was called "the ways of Providence!"

Just one more method I shall name because the sound of it has a familiar ring even to-day in Boston. In every age there are those who love the vagueness of language which seems to have its chief mission in concealing thought. The "Natural Philosophy" of the year 1800 abounded in such brilliant statements as these: "Life is cause; phenomena and existence are its results." "Life, as cause, is immortal, for immortal cause is life." These are almost as intelligible as another definition, found a little farther on, would be to a starving man. This says, "Hunger is internal tension of

the assimilation, under the influence of the mass opposed to external, hence the feeling of hunger at the cardiac orifice of the stomach."

We will not pause to note any more of these methods; suffice it to say that the various systems vied with one another in seeing how much could be poured into the patient for later extraction after the most heroic and approved fashion.

What the physicians were thinking all this time only their Creator knows. One of them has truthfully expressed his own feeling, and this may have been the general sense. It sounds like the wail of a discouraged soul as he says in his own defence, "As the healing art has no fixed principles, as nothing is demonstrated clearly in it, as there is little certain and reliable experience in it, every physician has the right to follow his own opinion. When there is no question of real knowledge, when every one is only guessing, one opinion is as good as another. In the dense Egyptian darkness of ignorance in which physicians are groping their way, not even the faintest ray of light has penetrated by means of which they can steer their course. If any practitioner is not satisfied with my opinions, let him examine his own conscience and ascertain of how many medical truths he is certain. He who can point out to me one certainty in medicine may throw the first stone at me."

Physicians were not unprejudiced observers; they saw only what they wished to see—a fault still extant, but surely not so prevalent as then. The rank and file of the medical profession were willing to follow blindly in the chosen way, caring little for real knowledge and progress. The hatred that existed among the different systems was of an heroic nature also. One writing at that time says: "Physicians split into sects, every one of which embitters the other by violent and often unfounded contradictions, and so prevents all possibility of doing good."

In the midst of this confusion and uncertainty there comes to us a voice of growing power and authority, one that promises hope and comfort to the weary sick folk, and a satisfying

guide to the discouraged yet conscientious physician. Is it any wonder that Hahnemann, a bold, independent thinker, should have shaken off the yoke of the empiricism of his day and then sought out a path hitherto untrodden? It is much easier to tell of Hahnemann than of homœopathy at this period. He had been doing pioneer work by proving drugs upon himself, by eliminating compound prescriptions, and by advocating the use of what we now call hygienic measures, which up to this time had been ignored by his contemporaries. Four years before, that is, in 1796, Hahnemann had published his treatise, "An Essay on a New Principle for Ascertaining the Curative Power of Drugs." This was by no means his first publication; indeed, his "indefatigable industry," as one has called it, in a literary way is most striking. We may judge of the incipient stage of homœopathy in 1800 when we find Hahnemann advocating moderate bleeding. It was not long after this, though, that he swept the whole category of heroic measures out of his practice.

Then in the year 1800 we see just one man beginning to raise the standard of homœopathy before the world; but when we measure the strength of his grasp, the power of his mind, the height and depth of his faith in the cause, we feel sure that his influence will be felt in a way that the passing years have attested.

The danger to the new doctrine one hundred years ago was from without; it was held practically by one, and how easily he might have been crushed out of existence. Quality, not quantity, was the distinguishing mark of the homœopathic advocacy in the beginning.

The years have rolled around, bringing with them wonderful changes. If time were only ours and power to portray were mine, what splendid scenes might be evoked. One hundred years of steady progress in the main. Science has outrun the wildest imagination of a hundred years ago. It is in the past century that the marvellous achievements have been wrought by which continents, almost in a flash, communicate their daily events, each to each; mountain and sea have become highways for the freight of human lives carried



swiftly by the limited express and great ocean liners ; the voice of a friend falls familiarly on the ear borne over a thousand miles of space on a slender thread that promises to be found unnecessary.

In the field of medicine the changes have been great ; surgery has become accurate and remarkable in its results with its aids to diagnosis, painless operation, and aseptic conditions. All the branches now taught as part of medical education have been broadened, systematized, and graded from the old deficient and haphazard methods. The personnel of the profession has changed, and in place of the pompous autocrat who arrogated a wisdom that submitted to no inquiry, we have a large class of wide-awake physicians who admit their lack of knowledge and bravely strive for more. Of many physicians of the older school of medicine we may say that observation and the influence of homœopathy have done an immense amount of good. From the huge dosage of 1800 the best of the school have come to that which Hahnemann's contemporaries would have regarded as infinitesimal and undignified from its simplicity ; they even go further in waiting for nature alone to cure, having learned, so they say, the power of nature from observing the results in cases treated by homœopaths, when no appreciable doses were given. They especially advocate as their own development the principles of hygiene and attention to the laws of health that Hahnemann alone was expounding in 1800.

And now, what of the homœopathic portion of the profession ? In place of one man bearing the standard aloft we see a host numbered by thousands and adding constantly to the number. Hospitals and dispensaries are in their hands, and recognition is graciously extended to their schools and societies.

Is there any note of warning in the midst of this pleasing condition of things ? If we say the danger to homœopathy in 1800 was from without, we venture to say in 1900 it is from within. It is the tendency when everything is going easily to relax the vigilance that is the price of progress as well as of peace. When the decree went out in 1850 that

the Massachusetts State Medical Society would no longer affiliate with those claiming to be homœopaths, and the following resolution was passed, "*Resolved*, That a diploma from a homœopathic institution shall not be received as any evidence of a medical education; nor shall the censors of this society regard the attendance on the lectures of such institutions nor the time passed at them as qualifications which shall entitle candidates to an examination from this society," there was no danger that the new principle would be crushed out in Boston. As one clever observer remarked, "It was the best thing that could happen to the cause." The advocates of homœopathy were roused and quickened to united action, and now, fifty years later, the State has stamped its seal of approval upon the homœopathic school, so that attendance on such an institution *is* considered evidence of a medical education, and its graduates are welcome to take the State examination for a license to practise medicine.

What further remains? It seems to me we are approaching about all that is to be desired from outside: recognition by the State and a growing courtesy from the older school. Consultation may still be refused because of incompatibility, not of temper, but of treatment; and why should it be desired when the increasing number of homœopathic physicians makes it possible to call in a sympathetic fellow worker for consultation?

It is of vital interest as to the future of the homœopathic school. If we should believe the criticism of some recent writers and speakers of the older school we are destined to self-extinction. The President of the Philadelphia County Medical Society made homœopathy the subject of two annual addresses within the last decade, and after apparently mature deliberation says, "I think I am justified in the statement that to-day there is comparatively little belief in or practice of homœopathy as advocated by Hahnemann," and further he claims there is little homœopathy taught, saying, "This inattention to homœopathy in the colleges of that school seems to be due to the fact that the great mass of

their teachers have little faith in the principles insisted upon by Hahnemann. They have apparently seen the defect of the homœopathic law, but are not yet willing to disavow a belief in its infallibility or universality."

I cannot think there is any such wholesale defection from the principles of homœopathy as this would indicate. Our largest meeting of the past year was that devoted to *materia medica*, and on every hand honest inquiry is being made into the meaning and practical working of homœopathy. Such criticism puts us on our guard and makes us think what must be done. The old advice comes to us; we must both preach and practise.

In the first place, preach or teach homœopathy in the homœopathic medical schools; at least thirty of these are sending out graduates every year. In the decade ending with 1890 there were four thousand homœopathic physicians just starting out with whatever the schools had to give them, and there will be more probably this year. Were they armed with convictions, or only a half-hearted belief that homœopathy will do for a small percentage of cases?

Imagine, if you can, four thousand Hahnemanns beginning practice. So much earnestness and sincerity as he possessed multiplied four thousand times would bring the millennium to this *blasé* old world that hates to admit an absorbing belief in anything. We are, I fear, but half-hearted homœopaths compared with the founder of the faith. After all is said, it is the man who has convictions, that is, one who has convinced himself by investigation, and thereafter can put his whole self into the execution of his belief thus founded, for whom the world waits and whom it wants. Every opportunity should be given in the schools for observation and for some knowledge of homœopathic philosophy. If this does not appeal to all, it should at least be presented. There is no use expecting to turn out good homœopathic physicians unless they know and are persuaded of the superiority of homœopathic practice over others, and that there is a law which may be verified in a sensible, practical manner. It will not be a question then of the *right* to borrow from



other sources — we are all free moral agents in this century, I trust — but it will simply follow that one who is convinced that he has the best will depend more and more upon his own faithful curative means. It is in the right direction that our own students are seeking for themselves to know what Hahnemann found out by his provings. We cannot do the thinking for others, but we may direct the young and impressionable minds. Those who instruct in the special field of therapeutics have a heavy responsibility for the trend of homœopathy. Upon them to a great extent does it depend whether it shall be toward a more earnest and conscientious study and practice of the law of similars, or whether it shall be steadily backward to chance and experiment.

After preaching comes practising, and after the school the world. Upon the individual physician rests the responsibility of making homœopathy all that it might be to humanity.

It matters not how brilliant a showing and how laudatory the expressions in regard to homœopathy at some great gathering. That is dress parade. How well is the cause sustained when action is on? That each of us must answer as individuals. Though feeling the support of comrades along the line, yet individual action must decide the day.

We come back to the same proposition. If we have chosen from conviction and have a vital faith in the principles we have accepted, all the best that is in us will be called into play, and we shall be invincible to dangers from without and within. So may the year 1900 usher in another century of progress for homœopathy!

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## A BRIEF SUMMARY OF THE PROGRESS IN SURGERY AND GYNECOLOGY FOR 1899.

BY GEORGE R. SOUTHWICK, M.D.

[*Read before the Massachusetts Surgical and Gynecological Society, December, 1899.*]

Courtesy to the members of this society and especially to those who follow me on the program makes it impossible in the time at my disposal to give in any sense a complete sum-

mary of the more important articles in the literature of surgery and gynecology during the present year. Much has been omitted intentionally and only scanty space can be given to valuable material. Conservatism has been a marked feature in surgical work, with more marked appreciation of the value of leucocytosis and the ability of the peritoneum to take care of itself if left alone. The surgery of the gall bladder and of the fibroid tumor of the uterus have been special features, and also the surgery of the kidneys and ureters.

The surgery of the gall bladder has been ably reviewed by Seymour,<sup>1</sup> who believes that we have in Tait's operation of simple cholecystotomy with drainage of the gall bladder the ideal operation for gall stones in most cases, removing, as it does, the stones, draining infecting bile canals, and leaving no sutures as a nidus for another crop of stones. He believes that the incision of the common and cystic ducts is the safest and most surgical means of removing stones in them. McBurney has shown that incision of the duodenum and either dilatation or incision of the common duct through this incision is, in skilled hands, both efficient and safe for the removal of stones low down in the common duct. In neglected cases with dense and many adhesions and a dilated stomach, an additional gastro-enterotomy or pylorotomy will save cases which otherwise would die. The mortality of the simple cases is practically *nil*.

This subject was also given careful attention by eminent surgeons at a meeting of the New York Academy of Medicine. Dr. Maurice Richardson stated that the dangers on the operative side were trivial, but that a number of the surgeons at the Massachusetts General Hospital had a feeling of great distrust about immediate closure of the gall bladder, with or without closure of the external wound, as there was a tendency for hemorrhage to take place after suturing from the inverted edges of the mucous membrane and by distending the gall bladder allow a leakage of bile. A permanent biliary fistula pointed strongly to a stone left behind.

<sup>1</sup> *American Journal of Obstetrics*, November, 1899.

Any incision about the foramen of Winslow should be made with caution. Dr. McBurney and Dr. Richardson<sup>1</sup> advise against operating on elderly persons or very fat individuals unless the symptoms were urgent. Jaundice was likely to increase hemorrhage. Incision into the common duct was dangerous, and if the stone was lodged in the lower part of the duct he recommended opening the duodenum and removing the stone from below.

Andrews and Eisendrath<sup>2</sup> report two cases of ulcer of the stomach, one of which was operated on with success and the other unsuccessfully. They believe that surgical intervention is to be recommended for cases presenting small, repeated hemorrhages and those of severe hemorrhage occurring more than once. If the ulcers are at or near the pylorus, pyloroplasty is an ideal operative procedure.

Laplace<sup>3</sup> has invented a new forceps for intestinal anastomosis which is most ingenious, and promises to be a great improvement over the Murphy button. They are so arranged as to form two rings, grasping the cut ends of the intestine and holding them together for suturing, after which the forceps can be withdrawn.

Hernia is coming to be considered as requiring surgical aid without waiting for any of the complications which may arise. Dr. Andrews<sup>4</sup> has given a most interesting contribution to the surgical treatment of hernia in his description of the major and minor technique of Bassini's operation as performed by Bassini in Padua. Great care is taken in tying off the peritoneal pouch with a strong silk ligature so that there will be no dimple over the repaired ring. The essential and important feature of this operation is the suturing of the transversalis fascia and internal oblique with the shelving edge of Poupart's ligament, so as to restore the length and obliquity of the inguinal canal and to invert the upper or muscular segment like a Lembert suture, drawing it at the same time somewhat behind the ligament rather than against it, which gives broad surfaces of union. The

<sup>1</sup> *Medical Record*, November 25, 1899.

<sup>2</sup> *Annals of Surgery*, October, 1899.

<sup>3</sup> *Annals of Surgery*, March, 1899.

<sup>4</sup> *New York Medical Record*, October 28, 1899.



question of recurrence is bound up with that of stitch abscesses, and primary union is essential to success. The patient is allowed to leave his bed and go home on the eighth day. No truss or support is ever used and no limit to exercise is enjoined. An average of more than one radical operation a day is performed and there are less than five per cent of recurrences after two or three years.

Another notable contribution to the surgical treatment of hernia is contained in Volume VII of the Johns Hopkins Hospital Reports. It contains a careful analysis of all the cases of hernia operated on in the past ten years (459). Two hundred and sixty-eight of these were operated on by Halstead's method, and the plates illustrating this method are excellent. Silver wire is strongly endorsed as a suture material. Excision of the veins of the cord is practised or not according to the requirements of the case. Transplantation of the rectus muscle in certain cases of inguinal hernia is also considered.

The treatment of the enlarged prostate has received a most important advance by the Bottini operation, which consists in median section of the enlarged prostate by the thermocautery, the blade of which is concealed in an instrument closely resembling a Thompson lithotrite. The instrument is introduced into the bladder through the urethra, the beak reversed over the prostate, and the cautery knife concealed in the beak is drawn down through the enlarged gland. The retraction of the muscle fibres prevents reunion and the obstruction to the urinary canal ceases to exist. Guitéras has written an excellent detailed description of the technique of this operation in the *New York Medical Journal* of April 29, 1899.

A very comprehensive review of the history and literature of appendicitis with references to 376 articles has been made by Edebohls.<sup>1</sup> He advocates the gridiron incision of McBurney. He states that he has inverted the entire uncut appendix, which obviates the necessity of opening the bowels, in considerably more than one hundred cases without a

<sup>1</sup> *Medical Record*, November 25, 1899.

single death. There is an increasing tendency to discard drainage and to close the abdominal wall for primary union.

Dr. Robert T. Morris<sup>1</sup> recommends that an operation for appendicitis should be performed as soon as the diagnosis has been made, on the ground that the surgical death rate is lower than the medical death rate, if the surgical work is properly done, and the suffering is less. He is strongly opposed to gauze packing and especially to iodoform gauze. He objects to leaving an infected appendix among adhesions. His remarks on the treatment of suppurative cases illustrate well the increasing confidence of surgeons in the power of the peritoneum to take care of infectious material if the intestines have not been handled or exposed ; in other words, leucocytosis and lymphatic circulation will do the work much better than the surgeon can do it. Dr. Morris writes : " If we remove the chief pus collections with hydrogen dioxide, followed by saline solution, and if we carefully avoid handling or even seeing loops of bowel, we are doing what is best. In these cases of advanced septic infection of the peritoneum I believe it to be the duty of the surgeon to get in quickly, to get out quickly, and to be gentle. It is wonderful how well badly infected patients respond to the gentler treatment and how quickly they take the favorable turn if not held down with gauze, iodoform, or with morphine." He believes that walling off an abscess cavity with gauze to protect the peritoneum is not advisable, as it delays the operation. He " finds it much better to work rapidly in separating adhesions, and to allow pus to flow as fast and as freely as it will anywhere over the peritoneum, allowing it to follow the lines of least resistance, and blowing it out with hydrogen dioxide from time to time."

The treatment of acute general septic peritonitis is most discouraging, and recent attempts at secondary laparotomy, cleaning the peritoneal cavity, and even the puncture and irrigation of the bowel itself have been disappointing and not shown much more than a forlorn hope of rescuing the patient. Laplace<sup>2</sup> made use of a unique expedient, but

<sup>1</sup>*New York Medical Journal*, April 20, 1899. <sup>2</sup>*Philadelphia Medical Journal*, October, 1899.

quite in accord with our modern knowledge of the peritoneum, and saved his patient. It was a case of general septic peritonitis due to appendicitis. After the usual operative procedures the glass nozzle of the irrigator still attached to the tube was introduced down to the cul-de-sac of Douglas and fastened to the abdominal wall by a stitch. An ordinary glass drainage tube with rubber tubing was placed about three inches above. The intervening wound was packed and the remainder of the incision sutured. The patient was placed in bed on a Kelly pad, and a continuous flow of normal salt solution, at a temperature of 100° F., from an irrigator suspended over the bed, was allowed to enter the abdomen by the lower tube, escaping through the upper tube and through the wound. This was continued constantly, day and night, for seventy-two hours, at a rate of ten pints every fifteen minutes, a total of 360 gallons for the three days. The pulse dropped from one hundred and eighty during the operation to ninety-eight on the day following, and two days later was sixty. The temperature came down gradually from 100° F. to 98.5°. Nine days after the operation the patient was convalescing rapidly. The patient felt the warm water circulating through the abdomen, but experienced no discomfort.

The copious irrigation reaching the most dependent portions of the peritoneal cavity dissolved and carried off the toxins as they formed, allowing phagocytosis a free scope to permanently destroy the infectious bacteria.

Dr. W. W. Keen, at a recent meeting of the New York State Medical Association, advocated operating on every case of perforation of the bowel in typhoid fever unless the general condition was evidently hopeless. The best time for operation was not during the immediate primary shock, but in the second twelve hours after operation. No prudent surgeon would operate during profound shock. The most important advance in technique was the substitution of local cocaine anæsthesia for a general anæsthetic. He advocated suturing without paring and using Halsted's mattress suture. Drainage would be usually required, though it was not im-



probable that filling the abdominal cavity with salt solution and closing the wound might give better results. One hundred and fifty cases have been operated on with a mortality of 26.9 per cent. The lower end of the ilium is the most frequent site of perforation. Hawkins and Thurston report in the *Lancet*<sup>1</sup> a successful operation with the pulse 140 and the temperature 105° F. fifteen hours after perforation.

Osteo-myelitis has been carefully studied by various pathologists and more especially the method of infection and development of the disease. A practical contribution by a practical man to the literature of this disease has been given by one of our members, Dr. Packard.<sup>2</sup> His terse and clear points for the diagnosis of this disease deserve repetition, though they may be familiar to this audience. Osteo-myelitis is common in childhood and youth, rare in adults. There is severe pain in a long bone near but not in the joint. Swelling and redness appear in seven to ten days with amelioration of pain, and usually terminate in suppuration. Delirium is sometimes present and occurs early. The temperature does not fluctuate and is rarely above 102 or 103° F. The diarrhœa is early, especially in profoundly septic cases.

Dr. Kelly<sup>3</sup> has presented the profession with a new operation for complete tear of the perineum, the features of which are an incision across the recto-vaginal septum above and beyond the ends of the sphincter and half an inch or more above the margin of the rectal and vaginal mucosa. He denudes above this incision on the vulvar and vaginal portion of the rent as is usual in the repair of an ordinary relaxed vaginal outlet. The index finger is then inserted in the bowel and the strip of membrane on the recto-vaginal septum below the transverse incision is dissected up, that is, the recto-vaginal septum is split from above downwards so as to make a flap or apron, which is turned down and later completes the anterior wall of the bowel. The ends of the sphincter ani are caught up at the sides of the flap, liberated by free dissection and united with catgut. A figure of eight

<sup>1</sup> *Lancet*, October 14, 1899.    <sup>2</sup> *Hahnemannian Monthly*, August, 1899.

<sup>3</sup> *American Journal of Obstetrics*, August, 1899.

suture is introduced behind it and deep in the sulcus to avoid a dead space and at the same time grasping the fibres of the internal sphincter muscle. The rest of the operation is completed in the usual manner. Its chief merit is avoiding the presence of a wound on the rectal surface and thus removing one of the most serious complications of the ordinary operation.

*(To be continued.)*

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## **SURGERY WITHOUT SEPSIS.**

BY HORACE PACKARD, M.D.

The dream of the surgeon is realized. Surgery without sepsis is an established fact. One detail after another of surgical technique has been perfected, until at the present time the surgeon can proceed to the performance of an operation with scientific certainty of aseptic wound repair.

Chemical antiseptics have one by one been discarded and now occupy but an insignificant position in the surgeon's armamentarium. The antiseptic doctrine of Lister stands as firmly as ever, but heat is the now only recognized reliable germicide. Carbolic acid, corrosive sublimate, and other chemicals have given way to superheated steam and boiling water for sterilizing dressings, towels, and instruments, superheated cumol for ligatures, and now last of all boiled rubber gloves for the surgeon's hands. The only field remaining in which to exploit chemical germicides is the one involved in the operation, and such already suppurative and septic conditions as from time to time fall into the surgeon's hands.

The various details of up-to-date surgery are so well known that I will not dwell upon them. The boiling of instruments has become such a commonplace measure that every physician employs, or should do so, this simple and inexpensive expedient in the performance of the most trivial operation. The facilities are at hand in every house-

hold, no matter how humble, to effectually sterilize all surgical instruments, whether for purpose of examination or operation. A brisk fire in the kitchen stove, a bread pan half full of water, to which a teaspoonful of common baking soda is added, serves as well as the most expensive sterilizer. Five minutes' exposure to boiling water effectually destroys all microbes and their spores.

The proper sterilization of towels, sheets, gauze, etc., in a private house is a more difficult matter. It is here that the facilities of a well-equipped hospital are missed. Sterilization of all fabrics utilized, by steam heat at a pressure of fifteen pounds, is the most approved method at present. It is difficult to find any satisfactory expedient in lieu of this reliable method. Small portable sterilizers do not work under pressure. A bundle of towels or gauze may be subjected to the vapor of boiling water, but it is quite improbable that any portion of the material reaches a temperature of  $212^{\circ}$  F. All such material may be sterilized beforehand and transported to the place of operation in air-tight conveyance boxes, and while this is quite practical for gauze, it is obviously not convenient for towels and sheets. It has been my custom to order such fabrics wrapped in a paper and baked in the kitchen oven for half an hour, and allowed to remain unopened until the time of the operation.

The operating room in modern hospitals has been made as nearly ideal as our present knowledge of construction, ventilation, and heating will permit. One can hardly imagine wherein greater perfection can be attained.

Inorganic building material—iron, marble, and glass—which furnish no pabulum for micro-organisms, are utilized to the exclusion of organic material. The air supply for heat and ventilation is filtered through gauze screens and this enters the operating room comparatively free from dust particles. Quite a different view is held at the present time relative to the probability of atmospheric wound infection from that of a few years ago. Experiments and observations seem to indicate that germs from the air rarely infect a wound in the course of the operation. This may be because



a wound is exposed for a comparatively short time and the outflow of blood, and sponging the same away, antagonizes the lodgment there of dirt floating in the atmosphere.

Hospital operating rooms are designedly located as far away from the parts occupied by patients as possible, that there may be little chance of atmospheric contamination. In the best-arranged modern hospitals the operating apartments are in a separate building connected with the others by corridors. This reduces the chances of contamination to a minimum.

The question of the performance of severe and critical operation in private houses is an important one. Patients almost always "want the operation done at home," although the prejudice against entering a hospital is much less than formerly, especially among intelligent and educated people. In the homes of the poor there is no question of the inadvisability of attempting critical operation, unless the case is urgent and there is no other alternative. With the multiplication of suburban hospitals it is very rare that a patient is too sick or the hospital is too far away to admit of removal thereto.

In the houses of the wealthy much nearer ideal surroundings may be arranged, but with all care the conditions cannot be made to approach those in a modern hospital. Good results are obtained in private house surgery, but we are not content nowadays with "good results," we seek perfect results.

It is my custom to tell patients with prospective capital operations in view that their chances of uncomplicated convalescence are fifty per cent better in the hospital. This I believe is not an exaggeration. Almost invariably the conditions to combat in a private house operation are a carpeted floor, a wall covered with from two to six layers of paper and paste, and a room which may have been the place of births, illnesses, and deaths. In a hospital capital operation, the surgeon has, or should have, at his command six trained assistants. It is embarrassing to take more than two to a private house lest the complaint will be of undue publicity. The rest must be, then, untrained help.

Every well-equipped hospital has at the present day facilities for filtering or distilling water in unlimited quantities and supplying it at any temperature desired on the instant. Any capital operation may be accompanied with such loss of blood that intravenous saline infusion may be necessary to sustain life. How next to impossible it is to command these facilities in a private house!

One of the most important conditions, then, in the attainment of "surgery without sepsis" is the performance of operations in the operating room of a well-appointed hospital.

Sponges at the present time occupy an insignificant place in the field of surgery. A sponge is the framework of an organism from which the soft parts have been removed by putrefaction and decomposition. As such it is the bearer of multitudes of micro-organisms capable of setting up suppuration. It cannot be subjected to boiling water nor steam heat for purposes of sterilizing, hence chemical disinfection of a complicated and prolonged character must be resorted to. To avoid all this, mops of absorbent gauze are now widely used and afford a satisfactory and inexpensive substitute in most branches of surgery. They possess the desirable quality of cheapness, hence are thrown away after being once used.

Sutures and ligatures occupy such an important place in surgery that their relation to the behavior of wounds is an important one. It is almost universally acknowledged that aseptic catgut sufficiently hardened to endure until repair is complete is the ideal material for ligating vessels and suturing tissues. It can be buried in any of the tissues and will undergo absorption without provoking suppuration. Silver wire, silk and worm gut are easily sterilized by boiling, but are inabsorbable, usually provoke exudation, and are finally cast out. The use of silk in peritoneal surgery seems to be an exception, for it has been often so used and nothing ever after heard from it. In intestinal surgery, silk is the material now universally used. Kangaroo tendon has not proved wholly satisfactory. It is available in short lengths only and is difficult to sterilize. Subjection to a degree of heat

sufficient to with certainty sterilize it impairs its strength. My personal experience with commercial preparations has been disappointing in that suppuration has been distinctly traceable to it. For this reason I no longer employ it.

We must possess a method of sterilizing catgut which is satisfactory in that it is with certainty sterilized and its strength is not impaired. I refer to cumolization. This method has been in use in the Massachusetts Homœopathic Hospital for the past three months.

The catgut must be perfectly dry before submitting to the cumol. Heat is then applied sufficient to raise the temperature to  $125^{\circ}$  C. This is maintained for one hour. This preparation of catgut is obtainable commercially, and my experience with it has been satisfactory.

Hardened catgut designed to last fourteen days (treated with chromic acid, chrome alum, or bichromate of potash) is also available commercially and is satisfactory for buried suturing where maintenance of apposition of the tissue is desirable for a longer period than could be expected from unhardened gut.

The use of catgut for all deep suturing affords the satisfaction of resultant cicatrices without visible stitch hole scars. This is of great importance on all parts of the body where cosmetic effects are a consideration and avoids the danger also of stitch hole abscesses. For subcutaneous blind suturing fine silk takes precedence over catgut, in that it holds the edges of the skin in accurate contact for such periods as may be desirable (two or three weeks), and may be then painlessly removed by cutting one of the protruding ends short and pulling on the other. I have never seen such unobstructive cicatrices as result from this method of suturing.

*The surgeon's hands and rubber gloves.* The futility of hand disinfection has been acknowledged by most surgeons. With conscientious care in cleansing the hands by the aid of soap, water, friction, and chemical germicides, occasional outbreaks of suppuration have occurred in the experience of all surgeons, attributable to no other cause than unclean



hands. The rubber glove affords a covering to the hand, aseptic beyond question, for it can be boiled without injury. It is the universal report of all the surgeons who have given them trial that their percentage of suppurative cases has fallen at once to a very small figure.

The present scientific accuracy of surgery is beyond the wildest dreams of surgeons of one hundred years ago. It is difficult to comprehend how further advancement can be made. It is unsafe for us to prophesy, however, for this is an era of startling progress and bewildering discoveries.

In viewing the subject in its broadest light, we must admit that in the future there is likely to be less surgery rather than more. Already some of the maladies for which surgery was formerly frequently invoked have been removed from the realm of surgery, by preventive medicine. Diphtheria is an example. Tracheotomy and intubation have become obsolete. We are now hovering upon the brink of a discovery which will probably remove the necessity of surgery in malignant disease. The same is likely to prove true in tuberculosis.

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## THE INSTRUCTION OF THE PUBLIC CONCERNING HOMŒOPATHY.

BY CONRAD WESSELHOEFT, M.D.

It is to be expected that the "Homœopathic Pamphlet Series" will greatly enlighten the public concerning a matter regarding which it is of the utmost importance not only to frequently repeat information, but also to be very accurate in the manner of imparting it. Yet the perusal of these pamphlets discloses certain inaccuracies which, instead of instructing, lead to certain rather serious misconceptions of things homœopathic. One of these misconceptions is contained in Pamphlet No. 3, page 3, "*concerning the actual amount of medicine in small doses*," which has gone the rounds of homœopathic literature almost from its beginning, and which,

instead of instructing the public and physicians, seriously misleads them.

Its opponents ridicule homœopathy by showing that "in the more diluted tinctures (meaning the thirtieth) a drop of the original tincture is distributed through a sphere of fluid the radius of which would be a line drawn from the centre of the sun to the remotest planet."

To offset this, homœopaths demonstrate that "the thirtieth is made with less than ten ounces of fluid," thereby seemingly denying that so great an expansion is reached. A little quiet thought will convince any one that this is juggling with arithmetic; it will convince nobody and confuse many, while the truth could be simply and plainly told. Both statements are true as far as they go. Thus it is perfectly true that the proportion (always only the tenth or hundredth part of each successive dilution) of medicinal substance in the thirtieth is dissolved (if so far divisible) in a mass of alcohol representing a sphere of the above-named radius. This degree of dilution, even if possible, would be preposterous, and, hence, has been justly condemned by our opponents as well as by homœopaths themselves. To say that this is undeserved because we actually use only about ten ounces of vehicle to make the thirtieth is very misleading, although it never deceived those who took the trouble to reflect and to study facts as they are. Arithmetic and facts are juggled with in a way to make it appear that while we dilute medicine to a transcendental degree, we take it all back again in the next breath by showing how little alcohol we actually use to do it, when it is not difficult to convince oneself that the actual amount needed to potentize the *whole original drop* would take more alcohol than the universe could contain, and that the fraction actually diluted would be contained in a mass equal to the universe.

This kind of sophism has injured homœopathy more than many other really great results have been able to counteract. Therefore, it is to be hoped that in some future edition of the very valuable pamphlet named, it would be better to instruct the public in regard to the matter as it actually

stands, as follows : Matter is not infinitely divisible, and if it were, there is no need of going to transcendental lengths in our potencies, or to exaggerate or to overestimate the divisibility of matter. Its divisibility is already transcendently great without adding to it by our exaggerations and unintentional mystifications. Modern researches show clearly, and all persons who have acquainted themselves with what is known, agree that matter is divisible as far as the twenty-fourth potency or attenuation ; that is up to the proportion of one part of medicinal matter to a volume of solvent of about fifteen thousand cubic miles ; however, it is not only unnecessary, but quite undesirable, to dilute to such a degree, although practically possible, because no menstruum can be found or devised which would not contain many more medicinal ingredients (such as iron, copper, lead, arsenic, silica, etc.) in much larger proportion than that of the medicine to be diluted.

There is another subject with regard to which a little more detailed accurate information might be desirable, although not of essential importance ; it is the quotation from Jean Paul relating to Hahnemann. This has not only here and there been quoted inaccurately, but in some instances in an unfriendly spirit to read that Hahnemann was "either a fool or a philosopher." In the "Homœopathic Pamphlet Series," No. 4, page 1, it is given thus : "That prodigy of genius and learning." As it will undoubtedly interest the reader to know the opinion of so just and distinguished a writer as Jean Paul, it deserves to be given in full : "*Hahnemann, this rare double intellect of philosophy and erudition*, whose system must eventually draw after it the ruin of the ordinary recipe writers, has thus far been little adopted by practitioners, and has been more denounced than examined" (Jean Paul, Friederich Richter), in "Zerstreute Blaetter," Vol. II, p. 292). This was quoted by Dr. Ernst Stapf in his edition of "Hahnemann's Lesser Writings," 1829.

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DR. T. N. DRAKE has removed from Pittsfield, Me., to No. 150 Union Street, Bangor.



**ANNUAL REPORT OF DR. H. C. CLAPP, ATTENDING  
PHYSICIAN, TO THE TRUSTEES OF THE MASSA-  
CHUSETTS HOSPITAL FOR CONSUMPTIVES.**

During the year just ended there have been admitted to the hospital in my service 166 patients, of whom 89 have been discharged (40 men and 49 women) and 77 remain under treatment. There have been no deaths during the year.

The occupations of those discharged, previous to their admission, were as follows: housekeepers (or home-makers), 29; factory workers, 11; shoemakers, 7; dressmakers, 2; carpenters, 2; masons, 2; grinders, 2; clerks, 3; electricians, 2; school children, 3; and one each of the following: teacher, bookkeeper, tailor, farmer, stenographer, clergyman, dentist, medical student, letter carrier, janitress, baker, butcher, stone cutter, pattern maker, soldier, butler, salesman, saleswoman, milliner, laborer, and domestic.

Dividing the State of Massachusetts into three parts, 65 came from the eastern third, 16 from the central, and 8 from the western third.

As to nativity, 62 were born in the United States, 13 in the British Provinces, and 14 in foreign lands.

The average age was thirty-one years; the oldest patient was seventy-four and the youngest nine.

2 patients were under 10 years of age.

9 patients were between 10 and 20 years.

38 patients were between 20 and 30 years.

21 patients were between 30 and 40 years.

19 patients were between 40 and 80 years.

Thirty-two had had hemorrhages before admission, and 9 had them during their residence in the hospital. Only one, however, had this symptom while in the hospital who had not had it previous to admission.

The number of discharged patients who gained in weight was 80.

Their average gain was 11 pounds.

The number of discharged patients who lost in weight was 7.

Their average loss was 2 pounds 10 ounces.

The number of discharged patients whose weight was stationary was 2.	
The greatest gain of any one individual for the entire stay was .....	44½ pounds.
The next greatest gain of any one individual for the entire stay was .....	32½ „
The next greatest gain of any one individual for the entire stay was .....	30½ „
The greatest gain of any one individual for one month was .....	17½ „
The next greatest gain of any one individual for one month was .....	15½ „
The next greatest gain of any one individual for one month was .....	13 „
The greatest gain of any one individual for one week was .....	12½ „
The next greatest gain of any one individual for one week was .....	7½ „
The next greatest gain of any one individual for one week was .....	7 „

Of the 89 discharged patients, 11 had been in the hospital less than one month, which was too short a time to warrant deductions as to the efficacy of the treatment, although some of them showed marked improvement. Leaving, therefore, out of consideration these 11, we have 78 patients who remained in the hospital for a period longer than one month, one of these, indeed, staying throughout the entire year under discussion, to a day.

These 78 patients on admission included representatives of different grades or stages of the disease, 39 of them being classified as incipient cases, 30 as moderately advanced and 9 as far advanced. By *incipient* cases are meant those which present evidence of a small tubercular deposit in the lung, but without very decided constitutional disturbances. By *moderately advanced* cases are meant those where the tubercular deposits are larger and are beginning to soften, and the constitutional disturbances are prominent; or where, without an extensive infiltration, the pronounced rational symptoms indicate a greater susceptibility of the system to the poison. Far advanced cases require no definition.

This hospital is wisely intended to be a sanatorium for incipient bases only; and if in the future it can be restricted to this class, I am sure that its usefulness will be greatly increased. In the earlier parts of the year, when there was plenty of room, more advanced cases were taken, principally that this room might not be wasted; but now that the hospital is full, and admissions are made only to fill vacancies which occur from time to time, the line is being drawn more closely on incipient cases. The golden opportunity to work, where work is likely to be most rich in fruition, presents itself just at this stage of the disease. If these cases are crowded out by worse, instead of getting well, as many of them might, they often become hopeless. My statistics show in a striking manner (what those in similar institutions always show) how the difficulty in arresting the disease increases in proportion to its advancement.

Of my 39 incipient cases remaining more than one month, 64 per cent were apparently cured or arrested; of my moderately advanced cases, only 13 per cent; and of my far advanced cases, none.

The statistics of results of treatment are tabulated as follows, the first table showing the number of patients under each heading, and the second table showing percentages:—

*78 Patients who remained from One Month to One Year.*

CONDITION ON ADMISSION.	Apparently cured or arrested.	Improved.	Stationary.	Worse.	Died.
Incipient cases (39) . . .	25	12	1	1	—
Moderately advanced cases (30) .	4	12	3	11	—
Far advanced cases (9) . . .	—	1	1	7	—
Total (78) . . . . .	29	25	5	19	—

*Percentages of the Above.*

Incipient cases (39) . . .	64	30	3	3	—
Moderately advanced cases (30) .	13	40	10	37	—
Far advanced cases (9) . . .	—	11	11	78	—
Total (78) . . . . .	37	32	6	24	—



Some sanatoria in this country and abroad report their most successful cases as *cured*, more of these institutions report them a little more modestly as *apparently cured*, and a few as *arrested*.

Those who employ the latter word do not use the term *cured*, believing that it is not really justifiable until the patient has maintained his restored condition for a number of years. This argument surely has weight, because relapses are possible and not infrequent; and certainly no physician, when discharging a patient, can state absolutely and infallibly (the test of time not having confirmed it) that the patient is really cured, although his experience may enable him to decide with more or less confidence that under favorable surroundings the cure is likely to prove permanent. The objection, however, to the word *arrested* as a substitute for *cured* is that many authorities use *arrested* as a designation of their *second* grade of cases, classified by results, which are confessedly far less satisfactory than the first; cough, expectoration, and bacilli, as well as physical signs, being very likely still present, and much confusion is likely to result from comparisons. It seems to me that the qualifying adverb in the term *apparently cured*, which is now in favor, expresses the idea desired to be conveyed with sufficient regard to the claims of modesty. The word *apparently* can be dropped after the lapse of enough time, if the patient remains well. If not, the backsliding will prove either that the cure was apparent and not real, or that a new and fresh infection has taken place.

As to definition, the expression *apparently cured* indicates cases in which the phthisical cough, fever, etc., are practically gone, and have generally been absent for at least three months, no tubercle bacilli being found in the sputum, or there being no expectoration, and the physical signs either having entirely disappeared, or, if any remain, indicating a healed lesion. Of course this does not mean that the patient necessarily remains free from rheumatism, dyspepsia, catarrh, etc.

Although some of our apparently cured cases will un-

doubtedly relapse, as they do in other places, yet it is believed that the majority will stand; especially if they will carry out in their homes the principles which have been drilled into them while at the hospital, remembering that eternal vigilance is the price of safety.

Some will be at a great disadvantage on account of the unhygienic character of their home surroundings, and others on account of difficulty in obtaining suitable occupations which will keep them out of doors. A great field of philanthropy is open and ready to be cultivated by any benevolent and kind-hearted people who are willing to lend a hand in helping such to obtain the right kind of employment. To preserve health is meritorious, as well as to restore it when lost.

Most of the hospital sputum has been examined for bacilli in the laboratories of the Boston University School of Medicine or of the Harvard Medical School; some in the hospital itself.

Tubercle bacilli were found in the expectoration of 63 of my patients on entrance. When discharged, 37 of these still had them and 26 had lost them; in 7 there was no sputum to examine. In the remainder no examination was made. The majority of the latter were in an advanced stage of the disease.

Many applicants are refused because they come only when their disease is so far advanced that there is little or no hope. If they would only apply near the beginning, when they are still able to work and feel fairly well; if physicians would recognize the disease earlier and send patients in the very first stage, not waiting until the lungs commence to break down, and the hectic, emaciation, and other symptoms are so pronounced that even the laity can make a correct diagnosis, our hospital could accomplish still more. Nor is it wise always to wait until the bacilli appear in the sputum, for occasionally this does not happen for many weeks after the onset of the disease.

When spitting of blood comes as an early symptom, it is a very fortunate event, as it at once arrests the attention of

the patient, and induces him to seek advice which otherwise might be for a long time postponed. In my experience, with very few exceptions, if organic heart disease can be excluded, hæmoptysis indicates pulmonary tuberculosis.

As to treatment, in addition to constant and copious potations of the beautiful Rutland fresh air, day and night, and the other modern hygienic measures now recognized as necessities for consumptives, medicines have been given in almost all cases, but use has been made only of those which are well known to our physicians generally. No serums have been employed, nor any of the different preparations or modifications of tuberculin, nor any of the numerous so-called specifics. No hypophosphites and comparatively little cod liver oil have been taken.

I desire to express here my appreciation of the faithful and valuable labors of my assistant, Dr. D. P. Butler, Jr., who has been connected with the hospital since its opening. The nurses also have been uniformly efficient and courteous.

Respectfully submitted,

HERBERT C. CLAPP, M.D.

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THE majority of epileptics, especially children, have never received the care they should have had. When the disease has declared itself unmistakably, they have been removed from school and their further education neglected; many have been petted and spoiled, and most of them have never developed mentally or have retrograded through the nature of the disease itself or the evil effect of certain medicines.

Recognizing the need of proper surroundings, suitable diet, and skilled mental training and treatment, a home exclusively for epileptics has been opened by Dr. N. Emmons Paine, and is known as the Auburndale Sanatorium. The houses are in Auburndale, a portion of the city of Newton, about a mile from Dr. Paine's residence and ten miles from Boston. Children and youths may be sent there with the certainty that everything possible will be done for their development and care.



## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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## HAHNEMANN MONUMENT FUND.

It is with pleasure that we announce that Dr. T. M. Strong, of 176 Huntington Avenue, Boston, and late Superintendent of the Massachusetts Homœopathic Hospital, has been appointed as the New England member of the Hahnemann Monument Fund Committee.

Dr. Strong is a man well fitted by his experience and large acquaintance in the profession for this work, and we sincerely hope and beg that the profession will give him the support and encouragement which he will need, and which the object for which he so kindly gives his time and labor imperatively demands.

We understand that it is part of Dr. Strong's plan to send to some representative confrère in each city and county a personal letter, urging that he interest himself, his professional brothers, and their patients in the necessity and importance of this work. It is not Dr. Strong's purpose to *beg* money from each physician — what each one individually gives must be dictated by his own conscience; he only strives to arouse that conscience to the dignity and importance of the matter, and to solicit his interest and help in every way possible.

We cannot believe that the profession is so callous as regards its reputation as not to respond when once the status of the matter is well understood. It is not a question with any one of us now whether we believe in monuments or not; it is a question of simple honesty and integrity, a question of whether or not we will, as a profession, pay our just debts and thus set a good and much-needed example to our

patients. The monument is built, a site for its location has been granted by Congress and the bill signed by the President. Half the money to pay for it has been raised; the remaining half is *to be* raised and *must* be raised or the homœopathic profession of America will be humiliated and disgraced.

What has New England already done? She has subscribed *in toto* \$5,011.50. There are in New England 1,286 homœopathic physicians appointed as follows: Maine, 136; New Hampshire, 80; Vermont, 75; Rhode Island, 84; Massachusetts, 734; Connecticut, 177. Of the whole amount subscribed, Maine has contributed \$1,540 (\$1,510 of which was contributed by one physician, Dr. Nancy Williams, of Augusta); New Hampshire, \$10; Vermont, \$75; Massachusetts, \$2,387; Rhode Island, \$153; Connecticut, \$306. From the laity, Massachusetts, \$480.50; Vermont, \$50 (one subscriber); Connecticut, \$10.

A little analysis of these facts shows that the physicians of Maine have contributed as an average (leaving out Dr. William's munificent gift) the sum of 22 cents each; New Hampshire, 12½ cents each; Vermont, \$1 each; Massachusetts, \$3.25 each; Rhode Island, \$1.82 each; and Connecticut, \$1.72 each. But these averages are too high, as the sums above include the subscriptions of some of the societies as a whole, and not entirely the efforts of individuals.

Now ought not this showing to bring a blush of shame to the cheek of every self-respecting homœopathic practitioner in New England? We believe it will when these facts become known, and that the profession will have pride and honor enough to respond to the purpose, and that at once.

A little conscientious work on the part of every one will do it easily. If every homœopathic physician will *raise* \$5, not necessarily pay it out of his own pocket, but raise it, \$6,430 would be added to the fund at once; an average of \$10 from each practitioner would add \$12,860, and constitute a proportion of the whole amount of which New England might justly be proud—and a little more just and well-deserved pride in any direction won't hurt us any just now.

But don't wait to raise \$10 or \$5; send Dr. Strong \$1 to-day and another one the day after to-morrow, and before you are aware the money will be raised. Let *everybody* respond a little and we shall escape being made the laughing-stock of the whole medical world.

Remember, the profession does not owe everything to you — you owe much to the profession.

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## EDITORIAL NOTES AND COMMENTS.

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### NOTES FROM BOSTON UNIVERSITY SCHOOL OF MEDICINE.

It may not be known to all the readers of the GAZETTE that the late Dr. Joseph P. Paine, of Roxbury, in his will named Boston University School of Medicine as residuary legatee, and also bequeathed to the school the sum of \$26,000.

The conditions of the will are such that the amount will not be available for the present, but it is encouraging to know that the interests of the school are so near the hearts of some of our physicians.

A relative of the late Dr. J. C. Neilson, of Charlestown, Miss Stanwood, who died recently, left, among other bequests, one to the hospital for a free bed, and another of \$2,000 to the school.

The Alumni Association has been much encouraged in its efforts to establish an alumni scholarship by a bequest of \$1,000 from Miss Ellen Berry. This bequest was secured by a simple statement of the needs of the association made by a physician to a friend of the school whose advice was asked by Miss Berry when making out her will.

On January 8 a meeting of the New England Hahnemann Association was held at the school building. There was a good attendance, and much interest was manifested in the



work of the association. It was voted to transfer to the treasurer of the school the generous sum of \$7,000, to be used towards liquidating the mortgage upon the school buildings. The association has been most unfortunate in the last year and a half in the loss of some of its most efficient officers, but we hope and believe that the new officers, aided by the homœopathic physicians and the friends of homœopathy in New England, will make the association even more successful than it has been in the past.

A special course of lectures on "The History of Medicine and the Principles of Homœopathy" is being delivered on Tuesday and Friday evenings at the school. Dr. Nichols, of Worcester, opened the course with five lectures on "The History of Medicine." Dr. Walter Wesselhoeft followed with two lectures on "The Principles Underlying all Therapeutics." The course will be continued in the following order:

A series of six lectures by Dr. Conrad Wesselhoeft on "The Principles of Homœopathy," subdivided as follows:—

1. What the Organon Treats of in General. February 2.
2. Drug-proving and Rationalism. February 5.
3. What is Medicine? February 9.
4. The Mode of Action of Medicines. February 12.
5. The Law of Specification. February 16.
6. Ethics and Schools. February 19.

Two lectures by Dr. Edward P. Colby on "The Value of Clinical Experience," February 23 and 26.

Four lectures by Dr. J. Wilkinson Clapp on "Homœopathic Pharmaceutics and the Homœopathic Pharmacopœia," in March.

The interest taken in these lectures justifies the faculty in making arrangements for the course. The wish has been expressed by many of the alumni that more instruction might be given in the school on the principles of medicine, especially those underlying homœopathic practice. It is expected that the course arranged will meet that wish and will become one of the marked features of the school work.

The Ladies' Aid Association of the hospital has this year

included in its program certain work among the women students. The ladies of this society have interested themselves in finding suitable lodgings for those women students who were strangers in the city ; they have also aided in fitting up a bright and comfortable room to be used by the women students as a study and rest room, an addition to their comfort which is much appreciated by the students.

On Friday, January 26, the members of the sophomore and freshman classes gave a reception to the seniors and juniors. Professor and Mrs. Edwin E. Calder and Dr. and Mrs. Winslow B. French assisted in receiving. Several of these receptions are given during the year, and their value in cultivating something more than a class-room acquaintance among the students and in sustaining pleasant relations between faculty and students can hardly be overestimated.

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## ABSTRACT OF BILL FOR THE FURTHER PREVENTION OF CRUELTY TO ANIMALS IN THE STATE OF MASSACHUSETTS.

### RESTRICTIONS.

1. All experiments on living animals must be performed with a view to the advancement of knowledge by new discovery.
2. Any one performing an experiment must previously obtain a license from the Secretary of State.
3. All pain to the animal must be prevented by the use of chloroform or ether.
4. If pain is likely to continue after the effect of the chloroform or ether has ceased, the animal must be killed before recovering therefrom.

### PROVISIONS.

(a) The Secretary of State shall have the power to grant and revoke licenses.

(b) All places where experiments are performed shall be registered, and a detailed report of every experiment shall be transmitted to the Secretary of State.

(c) All persons licensed to experiment upon living animals must be vouched for by competent medical authorities.

(d) The authorized Agents of Humane Societies in Massachusetts shall be permitted to visit any registered place at any time and without previous notice.

The above abstract is taken from a bill now before the Massachusetts Legislature. "It is intended to control the practice of vivisection, or, in other words, painful experimentation on living animals in medical schools, laboratories, and elsewhere." Circulars with this printed abstract have been scattered broadcast, stating that "nothing is there contained which could be objected to by any humane and unprejudiced person. Therein will be seen whether or not the objections made by personally interested parties against this bill are founded on fact and reason."

The New England Anti-Vivisection Society calls attention to two important features of this question: "first, the very doubtful utility; second, the impropriety of attaching especial importance to the claims of those for whose personal advantage it is to continue vivisection, and who, moreover, assert the right to act as judges in a case in which they themselves are interested."

Without discussing the question of "doubtful utility," it is fair to state that this society has ever taken a most prejudiced and narrow attitude toward the medical profession. Its publication always throws discredit upon the latest advances in medical science. To strengthen their side they quote from medical journals, which, to say the least, play but a minor part. Nor do they give an unprejudiced view of the negative side. In regard to the second point, namely, vivisectioners acting as prejudiced and self-interested judges, a great deal could be said. This bill, except under a cloak, does not pretend to prevent vivisection, but wishes to restrict the same, thereby preventing unnecessary cruelty to animals. "The authorized Agents of Humane Societies in Massachusetts shall be permitted to visit any registered place at any time and without previous notice" (see *d*). What previous training or inherent qualities will make such



an agent competent to determine the value of the experiment? His fee for bringing some one to justice will make him a far more "prejudiced judge" than the "self-interested" vivisector.

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## NOTES ON CURRENT RHINOLOGICAL AND LARYNGOLOGICAL LITERATURE.

BY GEORGE B. RICE, M.D.

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**ADENOID VEGETATIONS AND A PLEA FOR THEIR EARLY REMOVAL.** By H. S. Weaver, M.D., Philadelphia, Pa. Read before the Homœopathic Pennsylvania Medical Society in September. Published by the *Hahnemannian Monthly*, February, 1900.

In this article Dr. Weaver writes not only of the usual symptoms attending these hypertrophies, the facial changes, and mouth breathing, with consequent dangers, but also of the depressing effect on the nervous system by the pressure on the nerve-endings in the vault of the pharynx; the child is thus rendered nervous and sleepless. The writer believes that most of the diseased ear conditions found in children under twelve years of age are referable to disease in the post-nasal space, chiefly lymphoid hypertrophy of the pharyngeal tonsil. Methods of examination are detailed with the prominent diagnostic subjective symptoms. Treatment is likewise discussed, and as the title of the paper indicates, the necessity for early removal by surgical means is strongly advocated. Dr. Weaver considers that much may be done toward correcting the constitutional dyscrasia by hygienic methods and internal remedies. Calc. phos., calc. iod., sang. can., iodine, silicea, kali. mur., kali. sulph., and baryta iod. are suggested as those most likely to be indicated.

**APPROPRIATE TREATMENT OF CERTAIN VARIETIES OF NASAL DEFLECTIONS AND REDUNDANCY.** By D. Braden Kyle, M.D., Philadelphia, Pa. *Laryngoscope*, January, 1900.

Dr. Kyle prefaces his paper by stating that he desires to

call attention to certain varieties of deflections, with treatment suited to each peculiar variety, "and that it is impossible to formulate rules for the correction of deformities which are applicable in all cases." The varieties considered are:—

1. The split cartilaginous septum with bulging into both nostrils.
2. Dislocation of the columnar cartilage.
3. Simple deflection in which the cartilage is very thin.
4. The letter S deflection.
5. Deflection of the cartilage with involvement of the bony septum.
6. Deflection due to the splitting of the cartilage with bulging on one side only.
7. Deflection in which there is redundancy of tissue overlapping the septum and extending close to the floor of the nose.

These different conditions are considered in detail, and the writer's methods are made clearer by numerous illustrations.

It would seem to the compiler of these notes that this article and the similar one in Dr. Kyle's recent book on "Diseases of the Throat and Nose" are well worth the careful attention of all those interested in nasal surgery. The many past failures to restore the nasal passages to their normal capacity by operative treatment directed to the septum would seem to show a considerable lack of knowledge of the exigencies of the varied conditions often present. This article, then, conclusively demonstrates the importance of an accurate diagnosis of intranasal conditions, before an operation is attempted.

In no branch of surgery has there been a greater advance than in surgery of the nose, and this is largely due to the increasing accuracy in differential diagnosis.

THE USE AND ABUSE OF THE ELECTRO-CAUTERY IN THE  
NOSE AND THROAT WORK. By Irving Townsend, M.D.  
Read before the Amer. Oph., Otol., and Laryngol. Society

at its annual meeting, June, 1899. *Homœopathic Eye, Ear, and Throat Journal*, February, 1900.

This is an interesting and timely article. The author mentions definite conditions when the cautery should *never* be used, namely : —

1. On the septum narium (except to stop bleeding or destroy a vascular growth).
2. In reducing growths of a bony or cartilaginous nature.
3. In atrophic rhinitis.
4. In destroying synechiæ.

He considers the use of the cautery permissible in epistaxis, vascular tumors, turbinal hypertrophies involving the soft tissue only, hypertrophy of lingual tonsil, and hypertrophy of the faucial tonsils if slight, if hemorrhage is feared, or when the consent to the cutting operation is withheld, mycosis of tonsils and pharynx, and small posterior growths, located so as to be inaccessible by other means. In the discussion which followed, the consensus of opinion was in agreement with the position taken by Dr. Townsend, that the electro-cautery has been relegated to a gradually narrowing field.

STRICTURE OF THE ESOPHAGUS, RESULTING FROM TYPHOID ULCERATION, WITH REPORT OF A CASE INTRODUCING A NEW METHOD OF TREATING ESOPHAGEAL STRICTURES.  
By John S. Pyle, M.D., LL.B., of Toledo, Ohio. *Philadelphia Medical Journal*, February 3, 1900.

The patient, an adult male, had suffered from a prolonged attack of typhoid fever, previous to consulting Dr. Pyle. He gave a history of pain and troublesome dysphagia during the progress of this illness. On recovery the pain had disappeared, but the difficulty in swallowing had continued. At the time of the consultation the stricture was so considerable that the swallowing even of liquids was accomplished with effort. After repeated trials, Dr. Pyle was enabled to pass a bougie having a diameter of one sixteenth of an inch. From this beginning the stricture was dilated



by means of a most ingenious contrivance of the author's invention. It consisted of a No. 12 male catheter, a wire guide bearing an olive point, two tissue-rubber digital-shaped sacks, one very fine digital-shaped silk sack, and a force pump. The mechanism, after being properly arranged, is introduced through the stricture in such a way that when warm water is forced into these sacks they will expand above and below; then if additional water is forced in, pressure would be exerted on the stricture. As the stricture yielded, larger sizes of sacks were used. The case under consideration was treated with entire success.

One cannot but commend Dr. Pyle for his mechanical inventive powers; but in view of the successes achieved in dilating esophageal strictures by means of electrolysis, the complicated apparatus described would seem unnecessary.

In the same number of the *Philadelphia Medical Journal*, Dr. Arthur G. Minshall, M.D., M.R.C.S. of Northampton, Mass., details his methods of dilating a newly formed stricture so small that it was found impossible to pass through it even the smallest bougie. By the use of the negative electrode and a current of 10 m.a., the stricture was dilated to 32 calibre olive bulb in four sittings, a complete cure soon resulting.

To those interested in this subject, I would refer to an article written by Dr. H. C. Bennett, M.D., and published in the *Electro-therapeutic Journal*, October, 1898; also to an article on the subject, with report of five cases, written by myself and published in the October, 1899, number of the *NEW ENGLAND MEDICAL GAZETTE*.

AT this time of the year when catarrhal conditions are so prevalent it is well to remember that Glyco Antisepto has been proved of great value in cases of congestion of the mucous membranes of the nose, pharynx, and larynx. It is a bland, soothing alkaline and antiseptic solution, and is best applied to the nasal mucous membranes by means of the Glyco Antisepto Nasal Douche.

## SOCIETIES.

**BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, February 1, 1900, at 7.50 o'clock, the President, Frederick W. Halsey, M.D., in the chair.

The records of the adjourned meeting, held January 18, were read and accepted.

The resignation of S. Elizabeth Slagle, M.D., of Easton, Pa., was read and accepted.

REPORT OF THE SECTION OF MENTAL AND NERVOUS  
DISEASES.

CLARA E. GARY, M.D., Chairman;  
DUNCAN MACDOUGALL, M.D., Secretary; JOHN H. URICH, M.D., Treasurer.

The President appointed Drs. Hornby, Strong, and Lewis a committee to nominate sectional officers for the ensuing year. They reported as follows: Chairman, W. N. Emery, M.D.; Secretary, Martha G. Champlin, M.D.; Treasurer, Daniel J. Hanlon, M.D.

## PROGRAM.

1. The Power of a Will *versus* Medical Expert Testimony. Ellen L. Keith, M.D. Discussion opened by N. Emmons Paine, M.D.

2. Auto-intoxication as an Ætiological Factor in the Production of Mental Disturbances. S. C. Fuller, M.D. Discussion opened by Henry I. Klopp, M.D.

3. The Extract of Thyroid in Puerperal Mania. E. H. Wiswall, M.D. Discussion opened by George H. Earl, M.D.

4. Suggestions in Electro-therapeutics. E. P. Colby, M.D. Discussion opened by G. R. Southwick, M.D.

5. Two Cases of Graves' Disease Treated in the Nervous Department of the Dispensary. Ellen Hutchinson Gay, M.D. Discussion opened by F. C. Richardson, M.D.

1. Dr. Keith's paper was an interesting report of a case

which had been under her care. According to the best expert medical testimony the patient was of unsound mind and incapable of making a will, but in spite of this fact the judge threw aside this testimony and allowed the will to stand.

Dr. N. Emmons Paine was present at the trial referred to and heard the decision, and there was no question in his mind but that the patient was of unsound mind and unable to make a will. In the early stages of her invalidism and throughout her illness there were symptoms of acute mania, and during that time she was incapable of making a will. The testimony brought out the fact of great weakness of mind for two years. She made a will giving part to her husband and part to her family. She obtained her money from her own family, and in a natural way it would be proper for her to remember the source from which the money came. Giving half to her husband and half to her family would be the natural way of disposing of the property, but when one is considering the mental condition of a patient, it is not a question as to whether the disposition is right, but as to her capability. Whether she was aware how much money she had, where it was invested, whether she had duties to her family, would come in for consideration. She showed lack of memory and judgment in the way she treated persons and in deviation from facts. These incapacities for making a will were clearly shown in her case. The question of capacity to make a will has gone through various stages in the courts, as you are probably aware. In the early trials the persons were judged by the court as individuals, whether as individuals they were capable of making a will; later the question of *non compos mentis* came in; now the propriety of each individual to make a will is admitted. A person might be in his full senses and yet, perhaps, not normal, and if that person shall give his money in dying the same way as he would in life it would be valid. Wills are frequently made in hospitals by persons of unsound mind. Persons with melancholia are fit persons to make wills. It is not uncommon for a person of unsound mind to make a will which cannot be broken. I feel that while the money in this case



went naturally, it was not in accordance with the testatrix's judgment.

2. Dr. Fuller's paper was an instructive discussion of the most recent theories of auto-intoxication and its manifest results on the nervous system. It showed marked ability and commendable original research.

As Dr. Klopp was unable to be present, the chairman called upon Dr. Richardson, who said he had nothing to add to the paper. He considered it a very clear and distinct statement of the present situation of the subject, which, he regretted to say, was altogether too brief and summary for our wishes. There is no question at all but that investigation will be carried on still further, and the action of different toxins on the nervous system will be decided in the future.

Dr. Colby: What has been said was presented in a very scientific manner, showing research, which is to be commended. The more we progress and study into this disease there is reason for the theory of auto-intoxication. Every month I am convinced that I have neglected this part of the question, where I should have paid attention to it.

3. Dr. Wiswall stated that the title of his paper should have been "The Extract of Thyroid in a Case of Puerperal Mania." The case reported was an interesting one, and it was successfully treated by thyroid extract.

Dr. Southwick: There have been some cases reported somewhat similar to what the doctor has given. In 1896 a case was reported. I am not familiar with the details, only I remember it as a case of puerperal mania cured by thyroid. In 1895 there were sixty-five cases, but none puerperal mania. I think in this report the term puerperal mania was not used. These cases were treated by thyroid at the Royal Infirmary at Edinburgh. In the year following three or four papers reported cases, partly from New York sources, twenty-five or thirty cases in all.

I should be glad if the doctor would tell us why thyroid was used.

Dr. Wiswall: About this time thyroid had come into notice, and as a test case it was thought best to try it.

Dr. Paine : I do not know that I can say anything that will illustrate why this medicine was given. As an experiment it has been given in three or four cases at Westboro and Middletown. The best result is known in myxœdema, but it has been used in melancholia and epilepsy. I think it has been regarded favorably in epilepsy, but not in melancholia. There is no guide for its use, but it is a good thing to try. It is a medicine that works in two ways when it works successfully : first, we get immediate results within a week ; second, in other cases it may be given two or three months without any result, and upon stopping it the patient will recover rapidly in a few days. There was one patient at Westboro whom I know very well, who has had melancholia for three years, and it has worked so pleasantly that she speaks of it as a tonic.

Dr. Keith : It seems to me to be a specific, and I think it works every time.

4. Dr. Colby's interesting paper was discussed by Dr. Southwick, who said : It is very difficult to discuss a paper of this kind, or add to it. Dr. Colby has stated so clearly that we should use electricity in these cases for the sake of the good we are enabled to do. We give electricity for the direct benefit we are enabled to get from it, and the effect on the patient is entirely secondary. Electricity has been looked upon by the public as a peculiar thing, and that it makes very little difference how it is applied. I can say no more than to agree with Dr. Colby that suggestion is a secondary consideration. I think electricity should always be used under specific indications and in a specific manner, the same way as we use a drug for a special reason and special design.

Dr. Richardson : I have nothing further to say in regard to the subject. I think we all realize the value of electrotherapeutics. We all recognize the suggestive state of it and we all get results from that as well as the other. I should like to emphasize the statement that electricity is not a specific, that its usefulness is limited and its use should be. I think the knowledge of it should be more thorough ; that

it is applied too carelessly and too many make use of its suggestive state who are not well enough informed to get results.

Owing to the illness of Dr. Gay the last paper was not read.

Dr. Lucy Appleton asked permission to say a few words about a concert to be given at the Dispensary February 28, at 8 o'clock P.M., in aid of the Hahnemann Fund. The tickets are \$1 each and can be obtained at 160 West Brookline Street, Boston.

Dr. Gary, on account of her inability to be present at the June meeting, was given permission to fill her place as Chairman of the Section of Diseases of Children. She appointed Dr. Florella Estes, who signified her willingness to serve.

Adjourned at 9.20.

EDWARD E. ALLEN, *Secretary.*

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### WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the State Mutual Building, Worcester, Wednesday, February 14. The meeting was called to order at 10.30 A.M. by the President, Dr. Amanda C. Bray. The records of the preceding meeting were read and approved. The name of Dr. George S. Albee was proposed for membership and referred to the Board of Censors.

The Librarian, Dr. Rockwell, reported that he had made arrangements whereby reports and documents from Washington of medical interest would hereafter be received at the library of the society, for the use of its members; also reported that all physicians of Worcester County could have access to the library of the Worcester District Medical Society.

Dr. John P. Rand presented the following resolutions, which were adopted by vote of the society:—

*Whereas*, The Worcester County Homœopathic Medical Society,



believing that the laws for medical registration, as they appear in many States, are unjust to the reputable practitioner who for any reason may desire to change his location from one State to another; therefore be it

*Resolved*, That this society put itself upon record as desiring some uniform system, whereby a physician legally qualified to practice in any State or territory of this Union, or in the District of Columbia, may be allowed to register in any other State or territory of this Union, or in the District of Columbia, upon the presentation of a verified certificate, and the payment of a nominal fee.

*Resolved*, That a copy of these resolutions be forwarded to the Chairman of the Board of Medical Registration in Massachusetts, and also to the public press for publication.

At the conclusion of the business session, as none of the members of the Bureau of Pædology and Obstetrics were present, the chairman, Dr. Edith L. Clarke, called upon the members of the society present for reports of interesting cases or remarks upon topics of general medical interest. Dr. Crisand called attention to the importance of careful supervision of the health of young people, especially girls, during the period of puberty. He believed that the forcing and crowding so common in the school work of to-day was pernicious, and had a tendency for evil upon the future health of the child.

Dr. Adams had seen many cases of nervous exhaustion and even mania occurring in young people who had been pushed ahead in their studies, beyond their strength. Thought quite possibly in many cases a certain predisposition to either physical or mental disease was present.

Similar remarks were made by Drs. Keith, Bray, and Rockwell.

The regular program was now taken up and Dr. J. M. Barton read the first paper, entitled "Nervous Children." This paper gave special attention to the importance of careful regulation of the diet in cases of nerve weakness in children of all ages; also to the necessity of removing all sources of nerve irritation, with their train of local and

reflex symptoms. This paper was discussed by Drs. Rockwell, Bray, Adams, and others.

The next paper was read by Dr. Lamson Allen and was entitled "Protection of the Perineum." The writer detailed the different methods of preventing laceration of this structure during parturition, and called especial attention to the operation of episiotomy. Discussion was opened by Dr Crisand. He mentioned the different causes leading to laceration of the perineum, namely, excessive rigidity of the perineum, too rapid expulsion of the child and some abnormal presentation, particularly occipito-posterior, where the occiput presses directly upon the centre of the perineal body. As a prophylaxis, he advocated the use of hot applications, massage of the perineum, etc. Especial care must be taken in cases where forceps are used to avoid rupture. Believed thoroughly in the general use of anæsthetics. Had had no experience with episiotomy, but rather objected to the operation upon general principles.

This paper was fully discussed.

Meeting adjourned for dinner at 1 o'clock.

"The Feeding of Infants in Difficult Cases" was the title of a paper read by Dr. W. T. Hopkins, at the beginning of the afternoon session.

This was a very carefully written paper upon a most important subject. The writer believed that when the child was for any reason deprived of mother's milk, any substitute should conform as nearly as possible to the natural food. He considered that in all infant foods, the proper amount of proteids was most important, and in artificial foods was almost always out of proportion for the proper nourishment of the child. He gave the different indications, as evidenced by the condition of the child, for the various proportions of proteids, carbo-hydrates, fats, etc., in milk, and the methods of obtaining the right amounts of each for individual cases.

This paper was discussed by Drs. Crisand, Bray, Barton, Rand, Clarke, and others.

Dr. J. E. Luscombe followed the discussion of the paper

with a clinical report of a case in which a submucous fibroid had been thrown off with the placenta at a miscarriage occurring at the fifth month. The fibroid, which was about the size of a hen's egg, was attached directly to the placenta. The growth with its placental attachment was shown.

Meeting adjourned at 4 P.M.

F. R. WARREN, *Secretary.*

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### ITEMS OF INTEREST.

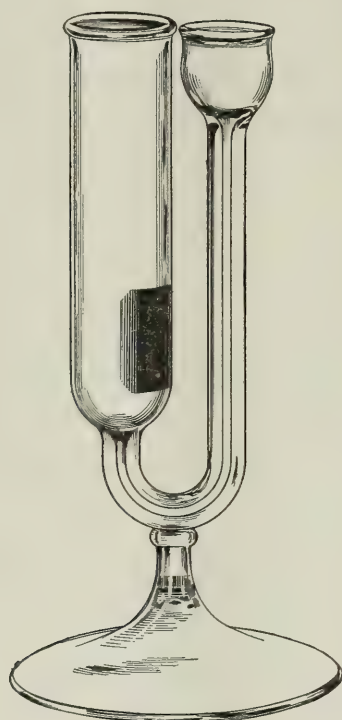
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THE CARE OF THE TEETH. — The proper care of the teeth is a subject which is too often left almost entirely to the consideration of the dentist, although the physician in his province of combating the causes of disease should, perhaps, pay as much attention to this question as to the matter of diet. It would be a hard matter to decide how many cases of dyspepsia and indigestion result directly or indirectly from improper mastication of the food, which in turn is often due to poor teeth. Nor is the difficulty to be always remedied by recommending the use of a tooth brush and tooth powder. It is necessary as well to have a dentifrice free from grit, such as cuttlefish bone or other injurious substances, which may destroy the enamel of the teeth and be a fruitful cause of decay. A good dentifrice should contain elements which will clean the teeth, neutralize the acids formed by fermentation, sweeten the breath, prevent the accumulation of tartar on the teeth, and arrest decay. Otis Clapp and Son's Antisepto Tooth Powder is believed to answer these requirements. It possesses the antiseptic, cleansing, and deodorizing qualities of antisepto and is pleasant to use. Price, 25 cents per bottle; to physicians, 20 cents. Sample free on application.

THE ALBUMOSCOPE. — The apparatus for use in urinary analysis has recently been added to by a simple device for



making a quick test for albumin. It consists of a test tube (see cut) with a small capillary tube of the same height con-



nected to it at the bottom and the whole mounted on a standard. The upper end of the capillary tube is enlarged so as to form a small bowl. In making a test the test tube is filled three quarters full of urine and a small amount of nitro-magnesium reagent (or nitric acid, if preferred) is poured into the bowl at top of the capillary tube. This forces its way down into the bottom of the test tube, and if albumin be present a cloudy precipitate will result at the point of contact with the urine. The "albumoscope," as it is called, is sold for 75 cents, or, including a bottle of nitro-magnesium reagent, for 85 cents. This supplies the physician with the means of making an instantaneous test for albumin at any time. Sold by Otis Clapp & Son.

THE NITRO-MAGNESIUM TEST FOR ALBUMIN IN URINE. — In the eighth edition of "Tyson's Practical Examination of Urine," page 48, he says of Roberts' nitro-magnesium tests for albumin : —

The fluid test consists of one volume strong nitric acid and five volumes of a saturated solution of sulphate of magnesium. Roberts says this is more prompt and sensitive than pure nitric acid, and its reaction in regard to albumin, mucin, and peptone is similar. It forms a watery clear solution, which does not *fume, stain, nor burn* the fingers, acts less strongly than the pure acid on the coloring matter of the urine, and may be carried in a well-corked bottle (preferably glass stoppered) with much less risk of accident. It has received the highest praise from Dr. Henry B. Millard, of London, who says that as regards delicacy, accuracy, and facility of employment it is among the most satisfactory tests he has used, detecting less than *one* part in 150,000 of water. It has a specific gravity of .1240, and it is used by the contact method; cannot be used with urine clarified by liquor potassæ on account of decomposition induced.

In the *New York Medical Record* of January 7, 1899, Ogden C. Ludlow, M.D., of New York, discussing the fallaciousness of the alcohol test, makes comparisons at some length of the heat, cold, nitric, and nitro-magnesium tests:—

Undoubtedly if the necessary precautions in regard to the heating and acidulation of the urine are strictly observed, the heat test is both delicate and reliable; but the writer is one of those who believes that for everyday clinical work the test with cold nitric acid, or that with Roberts' modification of it, known as the "nitro-magnesium test," will be found the most satisfactory of all. The technique of its application is less difficult and cumbersome than that of the heat test, and the result is quickly obtained. Its delicacy is about all that can be desired, if the analyst will only take the trouble to examine the reaction [in the albumoscope, O. C. & S.]. It is worthy of more extensive use, for it not only exceeds the nitric acid test in sensitiveness, but gives a sharper and more compact ring of albumin, a matter of considerable importance in specimens containing mucin or an excess of urates, or in those which have not been thoroughly clarified. The test solution, which is made by mixing one part of pure nitric acid with five parts of a filtered, saturated solution of magnesium sulphate, is used in the same manner as nitric acid alone, and has the great advantage over the latter of not staining the hands.

And in the subsequent discussion of the paper, Dr. Louis

F. Bishop commended the nitro-magnesium test from an extensive use, and a few years ago we find Dr. Austin Flint, Jr., of New York, calling attention in a Philadelphia medical journal and giving special prominence to this test as one of the best and most practical (*New York Medical Record*, January 7).

A two-ounce package of nitro-magnesium reagent is put up in a glass-stoppered bottle and sold for 25 cents by Otis Clapp & Son.

BATHING IN ELECTRIC LIGHT.—The above title is the heading of an article by Herbert C. Frye, in the February number of *Pearson's Magazine*. A perusal of the article shows the title to be slightly misleading, although technically correct, for while the electric light is the agent used, the active principle is the heat produced thereby, so that in reality it is a heat bath quite similar to the various instruments now on the market for the application of dry heat.

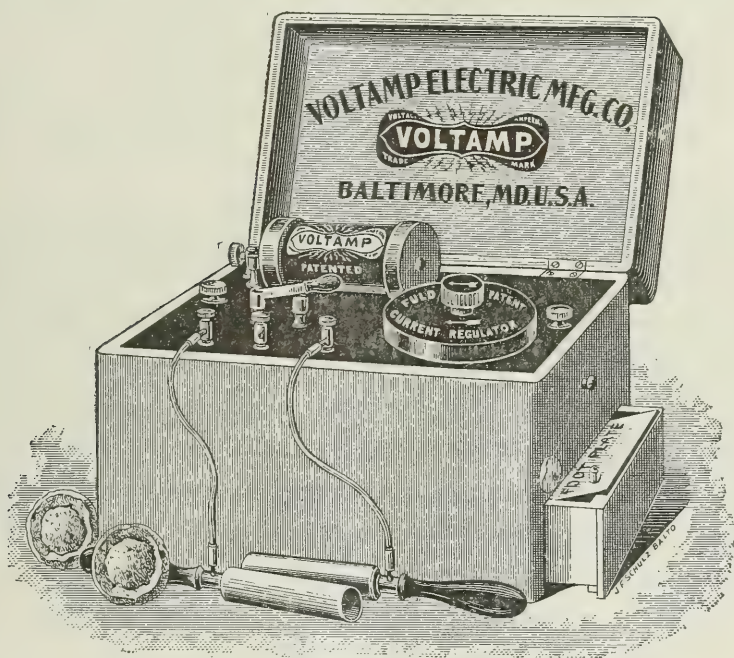
The apparatus described is said to have been devised by Mr. J. H. Dowsing, M. I. E. E., at the request of a distinguished London physician, and it is stated that it has been used with considerable success for the cure of severe sprains, inflammations, and swollen limbs, at the Footballers' Hospital in Manchester, England. Institutions for the application of the "Radiant Heat and Light Bath" have been established in various places in England, where it is claimed that hundreds of cases of rheumatism, cramp, stiff joints, neuralgia, sciatica, etc., have been relieved. A temperature of 500° F. is obtainable and is applied with safety to single limbs, while 400° is all that can be borne with safety in the full body bath, and 300° makes a comfortable bath. This astonishing statement is explained by the fact that dry heat is employed, so that the moisture of perspiration is evaporated as soon as it leaves the pores of the skin.

The claims made for the superiority of the "Radiant Heat Bath" are: first, being a dry heat, a very much higher temperature is employed than can be used when moisture is present, and the exhaustion which results from a moist heat



bath does not accompany the dry heat bath; second, it is not necessary to breathe hot air, as in a Turkish bath; third, there is no oxygen consuming flame to devitalize the atmosphere surrounding the patient; fourth, the so-called "radiant heat" is much more penetrating than ordinary heat rays. The last assertion is somewhat hard to understand when we recall the fact that the ultra-red rays of the spectrum give the most intense heat, while the yellow or light-giving rays are of a much lower temperature, comparatively speaking.

**FARADIC BATTERIES.**—It is occasionally necessary or desirable for a physician to prescribe home treatment with a faradic battery. Among the most reliable cheap batteries



recently devised, the Voltamp is worthy of mention on account of the scientific principles employed in its construction. The coil is wound with wire of sufficient diameter and length to give a current of both quantity and intensity, whereas in the ordinary cheap battery the coil is composed of the smallest size of wire, a small amount of which will give a current of considerable "feeling," that is, intensity, but of very little amperage or quantity, this current being

of comparatively little therapeutic value. The cell employed in the Voltamp battery is an improved form of the Leclanché dry cell type, and exhibits comparatively little local action on open circuit. It is made in three sizes. The No. 2 and No. 3 batteries are fitted with the Fuld Current Regulator, an instrument which graduates the electric current with minuteness and precision from a quantity so small as to be imperceptible to the naked hands up to the full capacity of the battery without a break or shock.

Heretofore a good rheostat alone has cost as much as is now asked for a complete battery. The reduced price on the No. 1, or "Home Comfort," battery is \$4.50; on the No. 2, or "Solace," \$6; while the No. 3, or "Relief," battery, which has two cells and two secondary windings, is sold for \$10. For sale by Otis Clapp & Son.

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### OBITUARY.

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CHICAGO, FEBRUARY 25.—Dr. A. R. Wright of Buffalo, N. Y., is dead at St. Joseph's Hospital in Chicago, aged 74.

Dr. Wright was one of the foremost homœopathic physicians of America. He was born at Crawford, N. Y., October 19, 1825, and entered the Buffalo Medical College in 1852. After graduating he went to India and China and served as a surgeon on a P. and O. steamer for two years. He finished his medical studies in Paris and returned to Buffalo in 1859, residing there ever since. In 1898 Dr. Wright was chosen President of the American Institute of Homœopathy.

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### REVIEWS AND NOTICES OF BOOKS.

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ESSENTIALS OF HOMŒOPATHIC MATERIA MEDICA. By W. A. Dewey, M.D., Professor of Materia Medica in the University of Michigan School of Medicine. Third edition, enlarged and revised. Philadelphia: Boericke & Tafel. 1899. Price, \$1.75.

This is a handbook of materia medica. The first chapter considers the general principles of homœopathy. Then follows the

general methods of preparation. The four remaining chapters present the symptomatology and application of drugs, including the Nosodes, arranged as questions and answers.

The field of usefulness for such a manual is necessarily limited. It is to be regretted that the author clings to the Hahnemannian mode of preparation of drugs rather than adopt the standard of the American Institute of Homœopathy which provides for a uniformity of strength. The index is far from being adequate. It is often necessary to search the whole book through to find what is sought for.

KEYNOTES OF LEADING REMEDIES. By H. C. Allen, M.D. Second edition. Chicago: Boericke & Tafel. 1899. Price, \$2.00.

This handbook is designed for the student of materia medica. It takes up only the leading symptoms of the different remedies, pegs, as it were, upon which to hang the fuller symptomatology of the larger and more complete works. Its object is to serve as a guide to the student and practitioner. As a repertory it is of little value, for it lacks a clinical index.

LEADERS IN TYPHOID FEVER. By E. B. Nash, M.D. Author of "Leaders in Homœopathic Therapeutics." Philadelphia: Boericke & Tafel. 1900. Price, cloth, 75 cents.

In the preface Dr. Nash states that he has tried to improve upon our text-books by putting the remedies together that naturally belong to the different forms and stages of this disease. It is his own experience through a period of nearly forty years. He makes the remarkable statement that under homœopathic treatment no hemorrhages will occur, and if they exceptionally do, we may blame ourselves and not our system. "If the symptoms during the prodromic stage are closely watched, and the remedy homœopathically applied, my word for it, very few cases need go on to a course of fever."

As to dosage, he has received the same testimonial from the use of the 200th, 30th, and the tincture, in cold water, departing from the usual custom in giving dessert-spoonful doses.

Dr. Nash mentions some exceptional remedies useful at times in typhoid fever. One evening in consultation he prescribed by telephone, cina. The reply was, "Why, damn it, this is typhoid, not a case of worms." Cina was used and the patient made a remarkable recovery.

Under general treatment of patient we read that — "burned coffee



is as good as any disinfectant aside from fresh air. Carbolic acid, chloride of lime, etc., are abominations and more injurious than any odor arising from the patient. Platte's chlorides are better."

The question of diet is very unsatisfactorily treated. For example: "Dried apple water is a beautiful beverage."

One valuable piece of advice is included which we believe to be original. "Abstain from too early sexual intercourse. It has proved fatal."

The reviewer does not wish to criticise this book favorably or otherwise, but believes that these quotations will enable the reader to draw his own conclusions.

A MANUAL OF MODERN SURGERY. An Exposition of the Accepted Doctrines and Approved Operative Procedures of the Present Time. For the Use of Students and Practitioners. By John B. Roberts, A.M., M.D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, etc. Second edition, revised and enlarged. Illustrated with 473 engravings and eight plates in colors and monochrome. Philadelphia and New York: Lea Brothers & Co. 1900. pp. 842. Price, \$4.25.

Each successive text-book on surgery, when written by a progressive author, fulfils its mission in so far as it furnishes the reader with what is latest and best in surgery. Of course different methods will be practised at all times by different surgeons. However, the author has given us an impartial treatise embracing the most modern and accepted ideas. As a text-book this work is clear, yet comprehensive, and of a convenient size for reference. The illustrations and type are excellent. The chapters on fractures and dislocations are especially good.

Though essentially a text-book for students, this will be found an excellent work for reference for either the surgeon or practitioner of medicine.

THE CARE AND TREATMENT OF EPILEPTICS. By William Pryor Letchworth, LL.D. New York: G. P. Putnam & Sons. 1900. pp. 246. Illustrated.

This work is by a lay author who evidently has given more study to the subject of epilepsy than do the majority of physicians. This study has been more particularly directed to the treatment in public institutions. In the introductory remarks he advances argument why epileptics should be thus cared for, and his argument is certainly founded upon sound premises.

He calls attention to the way in which an epileptic is handicapped in his social and business affairs, making him a burden to himself and family, and how this may be minimized by his transfer to some public institution properly conducted. In many institutions epileptic children, who are mentally sound, are treated in common with the feeble-minded. This he justly deprecates.

Five pages are devoted to the education and employment of epileptics. It is to be regretted that the author did not go more fully into this important subject, but this is partially compensated in the descriptions of the various institutions.

As a great part of the text is descriptive of the State hospitals and colonies, and the animus of the work is to excite interest in such institutions, some valuable advice is given as to the preliminary work, that is, the fostering of public and legislative interest. The advice does not stop here, but includes such practical matter as selecting the site, erecting buildings, considering the needs of the patients and attendants, the supply of water, food, and disposal of waste material.

The text is made more interesting and useful by the various views and plans of such plants as are now working successfully.

The book should be upon the shelves of every public library, that those interested in public good may obtain the necessary knowledge of what is to be done, and how to do it.

It goes without saying that physicians will find the work of great usefulness to them in their position as advisers in hygienic and public enterprises. The publishers have made the book really an *edition de luxe*. C.

PROF. N. S. SHALER, of Harvard University, is the author of a thoughtful article entitled "The Transplantation of a Race," which will appear in *Appleton's Popular Science Monthly* for March. It is a discussion of the forces which led to the introduction of the negro into America and the conditions attending his acclimatization. Professor Shaler, who grew up in the South, throws quite a new light on some of the pressing aspects of the race question, and his articles are sure to prove extremely valuable in the North by giving their readers a just view of the real problems which the South has got to meet in its struggle with the negro question.

AN unusually interesting article, discussing the so-called "typical criminal" from the practical man's standpoint, will appear in *Appleton's Popular Science Monthly* for March. The author, the Rev.

Samuel G. Smith, who has been Chaplain of the Minnesota State Prison for a number of years, and hence has had an unusually good opportunity for a study of the criminal classes, is of the opinion that there is no such thing as the "typical criminal," and especially that there are no physical signs of degeneration by which he can be tagged and put into his appropriate class of degeneracy, as the modern criminologist is so ready to do off-hand, after a brief anatomical survey.

PROF. E. W. SCRIPTURE, of Yale University, has an interesting and instructive article in the March number of *Appleton's Popular Science Monthly*, entitled "Cross-Education." In it he discusses an important psychological principle which is commonly overlooked in practical education.

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#### PERSONAL AND NEWS ITEMS.

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DR. FRANK E. SCHUBMEHL, class of 1898, Boston University School of Medicine, has located in Roxbury, at 376 Blue Hill Avenue.

DR. ELIZA B. CAHILL has removed from the New England Conservatory of Music to Westminster Chambers, Copley Square, Boston.

CHARLES LEEDS, M.D., has been elected a trustee of Boston University for a term of five years, in place of Dr. Sarah E. Sherman, resigned. Dr. Leeds has been assigned to the Standing Committee of the School of Medicine.

DR. JOHN L. MOFFAT will see his patients February 15 in his new home, 1136 Dean Street, between Bedford and Nostrand Avenues, Brooklyn, New York. Office hours, 9 to 12, 5 to 7; Sundays by appointment. Telephone, Bedford 1096.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL. Month of January: 170 cases admitted and 269 treated. Of this number 197 were surgical, 60 medical, and 12 maternity cases. There were in all three deaths, making a total death-rate of 1.11 per cent. The hospital is soon to be furnished with an interior telephone system.



# THE NEW ENGLAND MEDICAL GAZETTE

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## COMMUNICATIONS.

### SUGGESTION IN ELECTRO-THERAPEUTICS.

BY E. P. COLBY.

*[Read before the Boston Homœopathic Medical Society.]*

Those who come for advice and treatment may be divided into two classes, namely : those who are really ill, and those who are not. With the latter class we can have but little call to exercise our energies. If the illness is wholly imaginary it becomes our plain duty to honestly tell them so, and if we are careful in our examinations and tactful in our expression of opinion they will probably believe us, and thus the matter ends. Some will not accept the opinion, through lack of confidence in the physician giving it. In such cases it is their privilege to seek some other person in whom they have greater confidence, and they will eventually become convinced. Of the few who cannot be thus convinced we can only say that they are really ill, not with the disease which they imagine, but mentally. This no more proves them to be correct in their postulate than it does that the first physician made a false diagnosis, for he did not know, nor could he know, that they were incapable of conviction. This knowledge required that a certain period of time and repetition of circumstance should intervene.

The former class may also be divided into two classes — those who have some organic trouble with its accompanying lesion, and those whose illness is wholly from disordered function. Both classes need treatment, and the latter merit that of the most careful and painstaking kind, for there is

greater reason to expect gratifying results. Not that anything should be neglected in either case. When people are ill of some nervous trouble it has been thought by many that treatment by electricity helped in many disorders to hasten and insure a happy result. This opinion has been strengthened by observation in a large and increasing number of instances. Particularly has this been shown where the needs of each case were carefully studied, and the method of applying the remedy given equal consideration; not on the principle that a little known disease was being cared for, and that a still more occult agent might work a cure in some supernatural way.

By a class of critics, respectable in number and in attainments, the charge has been made that all relief and cure from this agent came through its suggestive effect upon the patient, who felt the sting of the electrode, heard the buzz of the vibrator, or saw the wheels go round and felt the sparks or breeze. This, all coming from some machine which he did not at all understand, worked the wonderful change. If this criticism was made, not as a whole truth, but as only a part of the story, we should have but little occasion to take issue with them. All this claim is very frequently substantiated, but it rarely stops here. Abundant experiment and observation has demonstrated to the unprejudiced inquirer that this remedy is capable of improving nutrition, exciting nervous action, and awakening dormant transmission. It is not the object of these few lines to argue into a reputable standing the fact that electricity, properly applied, is capable of inducing change in the organic functions of nervous life. This has been too often demonstrated and recorded to demand such argument. But the half truth, claimed by critics to be the whole truth, does demand a brief attention.

The administration of electricity by all methods is suggestive. Certainly! to a greater or less extent it is so, and we may thank Heaven for that attribute. Is electricity the only form of suggestion legitimately employed by honest and competent members of the profession? Emphatically I would say no, and if it were, then all but electricians

would be criminally derelict to their duty. It is no more suggestive to start the sparks and wheels than it is to tell a patient that you fully expect they will have less pain to-morrow, or to substitute potatoes for turnips in the diet list, with the assurance of benefit. There are many instances where the patient suffers from a disorder of the brain or nerve tracts which have never been recognized as mental, and yet where science has not yet demonstrated any lesion either to the unaided eye or by the "oil immersion." We term these disorders for want of better knowledge functional, yet they are capable of causing great agony. They are not mental, although they may be cerebral. In our study of the brain as an organ of mind we are apt to forget that some of its most important workings are unconscious, but yet may be affected by mental workings. The brain does not know in its mental sphere that it is controlling the functions of circulation, respiration, and digestion, and yet with certain mental workings, like surprise, anger, or joy, the heart is made to beat faster and the respirations doubled in frequency. With anger or grief the process of digestion may become torture, and yet the mental sphere cannot take cognizance of the fact that the brain takes any part in those important functions. We all know from sad experience that the pains and paresthesia of hysteria may be multiplied by very slight suggestive sympathy, and likewise relieved by well-regulated suggestion of the proper kind.

The little known character of electric force, the mechanism of its development and administration are all powerfully suggestive. Well and good, we are glad it is so, for it adds another power to its beneficial range, which it is blameworthy not to make use of. It does not detract in the slightest degree from its other and more mechanical action, and helps to hasten the desired end. This element should not be lost sight of in treating organic nervous diseases, where it is also important. In a majority of serious nervous diseases there must have been a neurotic instability, otherwise the nervous system would not have been vulnerable, and there would have been no lesion. We find that in most



organic cases there are, sooner or later, developed many functional symptoms which no more belong to the lesion than they would to one of different nature and location, yet they are, or may be, as troublesome as the direct pains, and here is where the suggestive element of electricity helps out the non-suggestive, and is of great value. The physician who makes use of this form of suggestion is doing an honest and praiseworthy act, and is a bright and shining light by the side of him who visits a hysterical case daily, when one visit a week would be too frequent. Electricity is no cure-all, and should be prescribed as you would any other remedy, always in reason, and for a reason.

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## PRACTICAL POINTS ON ANESTHESIA.

BY W. LOUIS CHAPMAN, PROVIDENCE, R. I.

Although the much-discussed subject of anesthesia is constantly before the profession, and the literature bearing upon it is increasing day by day, still there is yet a need of the diffusion of the principles which go to make the medical and dental professions more scientific in their work and the laity more secure in their confidence. The frequent reports of death from anesthesia attest this need, and the trend of thought in the medical literature of to-day points most strongly towards a better appreciation of the importance of scientific anesthesia, and the demand for those who are expert in its administration. Reports of deaths from ether, gas, and chloroform are, however, of but slight significance to the scientist, for they are rarely given in detail, and it cannot be told whether the fault was in the anesthetic or from cardiac disease; phenomena which would be of inestimable value are not observed and no answers can be obtained to scientific inquiries. But by these reports distrust and dread of surgery is fostered and the popular confidence shaken.

Indeed, when one sees the crude methods still in use in

giving various anesthetics, the wonder is that there are not more disasters in surgery. We hear much about the progress which is being made in operative technique, serum therapy, therapeutics, and synthetical chemistry, but rarely is it suggested that the important science of anesthesia is being developed and perfected. It is not the object of this paper to score those who do not seek to increase their skill in this important branch of surgery, but to convince them that progress is being made and that new thoughts are being brought forth — the results of study and experiments.

In ether we have a tried and trusted friend, and probably in the average administration all will go well if the operator holds the tongue in position and does not give too much. But there is a great difference between the expert and the clumsy administration of ether. It has become an established principle in the exhibition of medicines that a certain theoretical amount of a drug is required to affect a certain ailment, and that no more will be appropriated by the system to act by its selective affinity. Anything more than this amount constitutes an over-dose, which exerts a toxic action directly proportionate to the excess. It is the aim of the prescriber to determine this amount in each individual case, and experience has taught us that the minimum dose is of the utmost importance in the treatment of disease; for every toxic influence, however small, exerts some harmful effect upon the physical economy.

May we not, then, apply this thought to the giving of ether and chloroform? For surely we do not wish to give an over-dose and have symptoms resulting from the excess of the drug, nor do we wish to impose on the patient any more shock from the anesthetic than is absolutely necessary. The daily experience of careful students of this subject shows that many of the after effects of anesthetics are really due to over-doses, and it is believed that with increased skill in administration post-operative nephritis, pneumonia, and paralyzes will be of rare occurrence. In view of these thoughts it should be our study to give only that amount necessary to completely anesthetize the patient, avoiding the

use of even the smallest amounts not definitely indicated by his department. In a long operation it is quite possible to keep the patient near the coming-out state and use a comparatively small amount of ether or chloroform.

It is with no thought of economy that these suggestions are made. It is rather the statement of a principle which is well borne out by clinical experience. Let us see the difference between the ideal and the ordinary methods of administration. The inexperienced operator will take a long time to prepare his patient; the face may be cyanotic and the respiration snorting from the obstructing tongue; the operation may be frequently delayed from the patient's resistance, and consciousness not regained for a long time after the operation. But with an experienced man at the ether all is different. But a few minutes are taken to get the patient under, the respiration is easy and natural, the surgeon is able to give his entire attention to the operation and is not annoyed by the thought that the patient is in danger from the anesthetic, and after the ether is removed it is a matter of but a few minutes before the patient is restored to rational consciousness, with but little nausea and vomiting.

In carrying patients under ether it is not a good plan to hold the cone at a distance from the face—a thing that is quite correct with chloroform—but rather place the cone directly over the face and add the ether very gradually. Often it is well to add a little chloroform until the stage of stimulation is over, and then continue with the ether. It is never necessary to touch the cornea with the finger to determine if the reflexes have been abolished, nor to put a string through the tongue to hold it in position. But the pressure behind the angle of the jaws is of the greatest importance, as there are occasionally cases who will not breathe at all if this is not properly done.

Clinical experience shows beyond a doubt that when the minimum amount is given we minimize the following effects:

1. Depression of the heart and consequent need of stimulative measures.
2. Excessive nausea and vomiting.
3. The possibility of post-operative nephritis, bronchitis, pneumonia,



or paralysis. 4. The as yet unexplained change in the red blood corpuscle which predisposes to anemia. 5. Collapse. One interesting point with regard to stimulation should be borne in mind. Directly before a patient vomits there is a change in the radial pulse which lasts for but a short time. This is not the flagging pulse which requires strychnia, alcohol, nitro-glycerine, but the natural result of spasmodic action of the diaphragm and stomach.

Of the many apparatus for giving ether there is none better than the simple cone made of the basket-work cuffs commonly used by storekeepers, lined with glazed paper and covered with a towel. Of the patented apparatus the Packard is most scientific and successful. In this the ether is forced through an atomizer into a rubber bag, into which the patient breathes. With this apparatus it is possible to maintain anesthesia with a surprisingly small quantity of ether, and there is frequently no nausea.

Chloroform is a very powerful drug and one requiring the most careful handling. But the fact that it is in common use in the South and in Europe shows that it is a very useful one. It is becoming more commonly used in this part of the country; still its use is taught in but few medical schools. The many evidences of the lack of proper understanding and appreciation of this anesthetic prompt the writing of this article, for many deaths have occurred from lack of proper care in its use and ignorance of the principles of its action. Some persons are so susceptible to its vapor that a few inhalations are sufficient to produce unconsciousness. Idiosyncrasy—that unexplained susceptibility of some individuals to certain drugs—is often observed with ether and chloroform, and when one does not agree the other should be tried. If a patient takes ether badly, the face cyanotic and the respiration faulty, a change to chloroform may be beneficial, and *vice versa*.

It is of the utmost importance that the chloroform be pure; not only clean and clear, but chemically free from that most poisonous impurity which often exists in it and to which many deaths are undoubtedly due. For when pure chloro-

form is exposed to air and sunlight it undergoes partial decomposition, and carbonyl dichloride or phosgene gas ( $\text{COCl}_2$ ) is formed in it. This gas was first discovered by Davy the chemist, and was formed by the action of sunlight upon a mixture of carbon monoxide and chloride. It is decomposed by water with the liberation of carbonic anhydride ( $\text{COCl}_2 + \text{H}_2\text{O} = 2 \text{HCl} + \text{CO}_2$ ). With alcohol it forms chloro-carbonic ether ( $\text{CO} \cdot \text{ClO} \cdot \text{C}_2\text{H}$ ), and it readily combines with ammonia and forms urea and ammonium chloride. It must be evident from these reactions that carbonyl chloride is an undesirable impurity, and clinical experience shows it to be a very deadly and poisonous gas. I have had several opportunities of observing its effect upon patients and have made numerous experiments upon animals, and find that it depresses the respiration and causes enfeebled heart action. The following case illustrates the effect of impure chloroform.

A perfectly healthy boy of sixteen with normal heart and lungs was being operated on, and it was soon noticed that the respiration was shallow, the face cyanotic, and the pulse hardly perceptible. The anesthetizer ventured the remark that his chloroform had a peculiar odor, and it was soon discovered that it was the residue from a pound bottle and had been well shaken up with air. Upon the substitution of pure chloroform for this the anesthesia proceeded without a single bad symptom and the patient made the usual prompt recovery. Now it cannot be said that this patient would have died had the old chloroform been continued, but certain it was that the patient was in a critical condition, which was immediately relieved upon changing to the pure article.

The question naturally arises, How may we obviate this danger? Simply by procuring C. P. chloroform of any reliable make in unbroken packages, and transferring it at once to one-ounce bottles of brown glass. These are filled full and stoppered with velvet corks, through which there is practically no evaporation. At the time of operation a small nick may be cut in the cork and the chloroform poured out drop by drop upon the mask. Any residual chloroform is not used for subsequent anesthesia.

A cone should never be used for giving chloroform, as the vapor would be too concentrated. The best apparatus is the wire mask first employed by Esmarch, a very good substitute for which is found in the ordinary wire tea-strainer, to which a cover of a single thickness of canton flannel is fitted by means of an elastic purse string. These covers are very easily made and a fresh one is used for each patient. In this apparatus, which is flexible and readily moulded to fit the patient's face, the air comes from under the edges and not through the cloth, so it is rarely necessary to hold it close to the face.

But very little chloroform is needed and anesthesia is often complete in from three to six minutes. Patients who are accustomed to alcohol and morphine are the most difficult to anesthetize, and they often require an ounce or more before they quiet down. Chloroform should *never* be pushed or crowded, not even in the stage of excitement, which is usually not so marked as in ether, for the respiratory efforts of the patient only serve to fill the lungs with the vapor and hasten the anesthesia. When the patient is once anesthetized but little chloroform is needed, a few drops being sprinkled on the mask from time to time and an abundance of air allowed to enter under it. When chloroform is given at night and there is a flame of any sort, the particles in the air are decomposed and chlorine gas is set free. This is a powerful irritant to the respiratory tracts of both patient and operator, and is often the source of actual inflammation.

These are but a few of the points to be observed in the giving of anesthetics. Many operators are convinced that the work of the anesthetist is of importance equal almost to their own, and the appreciation of chloroform is growing day by day. England has a society of anesthetists who hold frequent meetings and discuss these matters, but here in America there has been but little special investigation. Let us, too, endeavor to develop this branch of surgery, striving constantly to increase our knowledge and perfect our methods; clinging fast to the old until the new are proven, but seeking always the safety and comfort of our patients.



**CERVICAL ADENITIS.**

BY FRANK A. GARDNER.

*[Read before the Boston Surgical and Gynecological Society.]*

Extreme conservatism has left its mark upon many an unfortunate individual in the shape of disfigurements and impaired locomotion, but no one form of blemish thus caused is more frequently seen than the hideous scars upon the necks of those who have suffered from cervical adenitis.

To us whose minds are focused upon the more fatal and severe ailments, these scars may seem unimportant, but the unfortunate possessor of these hideous blemishes feels differently.

Not long ago a young man came to my office in the evening to consult me, and although it was warm, I noticed that he wore a muffler. On inquiry he stated that owing to the scars upon his neck he always wore such a covering, and never showed himself upon the street in the daytime if he could help it.

When we consider how great the mental suffering of such a one must be and realize that such a condition can be prevented, is it not our duty to limit the time in which we will wait for the expectant treatment to drag along and resort to surgical measures while they may do the most good?

The importance of this was forced upon me several years ago when a child under my care had enlarged glands following an attack of diphtheria.

In spite of prolonged administration of the indicated remedies, constitutional treatment, etc., the glands continued to enlarge, and I asked the advice of eminent medical practitioners of both schools.

Without an exception the advice was to wait and try this or that, and when I suggested extirpation the universal answer was, "No; I do not think it necessary; wait a while longer."

I waited and saw them gradually enlarge, and finally, when fully convinced that internal medicines and external applica-

tions were doing no good, I consulted Dr. Packard. His ready answer was, "Have them removed at once; it would have been better if it had been done some time ago."

Accordingly he removed them, but conservatism had been doing its work, and the walls of the disintegrated gland broke in being taken out. A few weeks earlier this condition, which delayed the healing process for some weeks, would not have occurred.

Microscopical examinations of the discharge revealed the presence of tubercle bacilli; but although this occurred several years ago, no swollen glands have been present since the operation, and the child has grown strong and rugged.

*Case 2.* A young woman, aged twenty-one, with enlarged glands on the left side of the neck. They were removed at the Massachusetts Homœopathic Hospital by Dr. Briggs, and an examination revealed the presence of tubercle bacilli. The same patient had previously had the glands removed from the *right* side of the neck by Dr. Packard. Full recovery resulted.

*Case 3.* Girl aged nineteen. She had always had enlarged tubercular glands of the neck, and three months previous to the operation these commenced to break down, and when the case came into Dr. Briggs' hands they were broken down badly.

An incision was made from the ear to the external extremity of the clavicle, and as the glands were very extensively involved, three hours were required for the operation.

The large vessels were exposed from the parotid to the clavicle. The wound healed excellently, mostly by first intention. Where drainage was used the wound closed in about two weeks.

*Case 4.* Patient a young woman aged twenty-three. For a year she had noticed enlargement of the glands of the neck, but they had increased largely in size during the latter part of this period.

When she consulted the surgeon a large tumor, nodular in contour, presented itself, commencing just under the parotid gland and extending to the clavicle.

A month previous to the operation the patient had expectorated considerable pus, and this was followed by a perceptible diminution of the tumor. The abscess ruptured internally.

Operation by Dr. Briggs. The incision commenced on the anterior border of the sterno-cleido-mastoid and extended to the clavicle. Tremendous glandular involvement of the deep cervical lymphatics was found. All glands found enlarged were removed, the important vessels of the neck all being exposed for the whole length. An opening was demonstrated into the pharynx through which the abscess had ruptured internally.

The temperature ran high for some time after the operation. A general hectic condition existed, dulness having been present at the apex of both lungs before the operation.

One year after the operation the patient was reported as quite well and able to do housework. She had some cough, but was much improved in health over her condition previous to the operation.

All of these cases show what marked improvement results after an operation, and bear out the truth of the statement that "any tuberculous nodule is always a source of danger and should not be allowed to remain if it can be removed."

The following rule laid down by Teale is one that in my opinion should nearly always be followed:—

Whenever fluid, that is, pus, can be detected in connection with a diseased lymphatic gland, the operation should be done before the skin becomes red and thin.

Authorities differ in regard to the best method of operating, some advocating a number of small independent openings through which separate glands are removed, while others use the long single incision. The latter method is, of course, necessary if one gland or group of glands is very large.

Dollinger, in the *Centralblatt für Chirurgie*, recommends subcutaneous extirpation of tubercular glands of the neck. His method, as described by Laplace, is as follows: He shaves the hair from the lower portion of the back of the



head and carefully cleanses the entire head and hair, making a curved incision beginning on a level with the external auditory meatus, one centimetre from the edge of the hair, curving about five centimetres in length, convex below, extending to the middle line of the neck and carried through the fascia. He then works his way with the finger and periosteal elevator beneath the skin till the first gland is reached. This he seizes with a Volsellum forceps and dissects away with the finger and elevator. The head is turned to the affected side during the operation, and any gland attached to the jugular vein is brought to the external wound and removed.

CAUSE. The opinion which at the present time claims the most advocates and is still gaining others is that these cases, which are not primarily local manifestations of constitutional tuberculosis, are in the vast majority of cases due to the ingress of the tubercle bacilli into the buccal or pharyngeal mucous membrane by some solution of continuity. Once in the system the lymphatics take them up, and they are passed along until the glands are involved and become seats of infection. The tonsil is probably more frequently the point of ingress than any other place.

Krückman found that in post-mortem examinations upon twenty-five tubercular patients at the Pathological Institute at Rostock, he was able to demonstrate the presence of tuberculosis of the tonsils in twelve. In two of the cases there seemed to be no question that the lesion in the tonsils was the primary tubercular lesion of the body.

In sixty per cent of the cases of pulmonary tuberculosis such a condition of the tonsils was present, in many of these cases undoubtedly due to infection from the sputum.

Dienlafoy advances the theory that a considerable proportion of the cases of enlarged tonsils are tuberculous in nature. He obtained the tonsils from sixty-one cases treated by tonsillotomy in the Paris hospitals and inoculated guinea pigs, with the result that in eight cases the animals became tuberculous. In the same way adenoid vegetations obtained

from thirty-five cases were inoculated into guinea pigs, and in seven instances the animals became tuberculous.

Eustace Smith believes that the infection is derived from the pharynx, as a rule, without tuberculous lesion of that part.

In closing this paper, which I fear is already too long, I will state that inasmuch as we are not always able to convince the parents of the advisability of an operation, we are forced to try some other treatment. In these cases injections are used.

Schwartz injected a solution of carbolic acid to destroy the tendency to develop.

Reboul reports forty-seven cases treated by camphorated naphthol.

In these cases the glands were hard in eighteen cases, softened in twenty-four, and ulcerated in five. Of the forty-seven cases twenty-eight were cured and nineteen improved. The treatment is reported as harmless and seems to act beneficially both on local and general conditions. The mixture consists of :—

R $\mathfrak{z}$   $\beta$  naphthol  
Camphor āā 10 grams  
Alcohol 60% 40 grams.

This is injected with antiseptic precautions, a few drops here and there throughout the mass of enlarged glands.

Lannelogue recommends injections of chloride of zinc in order to transform the tuberculous tissues into a sclerotic mass. He uses two to five drops of a ten per cent solution. Many cases treated showed marked improvement.

Tincture of iodine has been applied on chamois at the negative pole of the galvanic battery while the positive pole was placed at an indifferent point. Six cells were switched on for eight minutes. Much improvement followed its application.

In this paper I have not included those cases which we often see which diminish upon the internal administration of remedies, but have referred only to such as go on to continued enlargement and progressive involvement or suppuration.

# SUMMARY OF CASES.

No.	NAME.	AGE.	P. H.	DIAGNOSIS.	OPERATION.	DATE OF OPERATION.	CURED.	IMPROVED.	NOR IMPROVED.	DIED.	ANESTHETIC.	DRAINAGE.	REMARKS.
113	Miss L. C. S.	23	1	Appendicitis, intercurrent	Appendicectomy	Nov. 11 1898.	1				E	No	
114	Miss J. P. G.	17	1	"	"	" 29 1	1				"	No	
115	Miss S. A. B.	26	1	" suppurative	"	Dec. 7 1	1				"	Yes	
116	Mrs. E. R. W.	25	1	" acute	" [gectomy, rt.	" 10 1	1				"	No	
117	Miss N. H. B.	23	1	" intercurrent; pyo-salpingitis, d'ble	" ; tubo-ovariotomy; salpin-	" 12 1	1				"	No	An extreme case.
118	Mr. A. H.	10	1	" acute	"	Jan. 5 1899.	1				"	No	
119	Miss J. M.	18	1	"	"	" 8 1	1				"	No	
120	Miss E. B. R.	15	1	" suppurative	Abdominal section; drainage	" 8 1	1				"	Yes	Patient apparently moribund. (See No. 131.) Drainage by double tube and gauze.
121	Miss H. M. D.	11	1	" acute	Appendicectomy	" 10 1	1				C	No	
122	Mr. R. P.	26	1	"	"	" 11 1	1				E	No	
123	Mr. E. W. P.	32	1	" intercurrent	"	" 17 1	1				"	No	
124	Mrs. C. P. W.	33	1	" ; intestinal adhesions	" ; ventral suspension uteri.	" 17 1	1				"	No	
125	Miss V. S. N.	20	1	" intercurrent	"	" 18 1	1				"	No	
126	Miss W. H. C.	26	1	" ; pyo-oophoritis, rt.; [salpingitis, double	" ; tubo-ovariotomy, rt., sal- [pingectomy, left	" 19 1	1				"	No	
127	Miss A. E. G.	21	1	" acute	"	" 21 1	1				"	No	
128	Mr. A. W. P.	21	1	" intercurrent	"	" 21 1	1				"	No	
129	Mr. H. G. G.	27	1	" acute ; cystomata, double	"	" 25 1	1				"	No	
130	Mrs. K. McD.	26	1	" ; pyo-salpingitis and ovarian	" ; tubo-ovariotomy, double.	" 25 1	1				"	No	
131	Miss E. B. R.	15	1	" suppurative	Secondary exploration	" 26 1	1				"	Yes	(See No. 120.) Temp. and pulse continued high. Further exploration was made and freer drainage established. Recovery satisfactory.
132	Mrs. M. C. K.	65	1	" acute	Appendicectomy	" 27 1	1				"	No	
133	Miss N. S.	15	1	"	"	" 30 1	1				"	No	
134	Mr. H. F. B.	26	1	" suppurative	"	" 31 1	1				"	Yes	
135	Mrs. I. R.	27	1	" intercurrent	"	Feb. 1 1	1				"	No	
136	Mr. J. L.	78	1	"	"	" 1 1	1				"	No	
137	Mr. J. Z.	27	1	" acute	"	" 2 1	1				"	No	
138	Miss A. E. B.	20	1	" intercurrent ; ovarian cystomata	" ; abdominal hysterectomy	" 4 1	1				"	No	
139	Mrs. L. P.	47	1	" ; fibromata uteri ; ovarian cystomata	" ; "	" 8 1	1				"	No	
140	Mrs. M. P.	60	1	Appendicitis, intercurrent ; salpingitis, left	Appendicitis ; tubo-ovariotomy	" 9 1	1				"	No	
141	Miss M. I. K.	31	1	"	Appendicectomy	" 11 1	1				"	No	
142	Miss G. G.	20	1	"	"	" 18 1	1				"	No	
143	Miss F. G.	24	1	" acute	"	" 19 1	1				"	No	
144	Mrs. A. J. S.	38	1	" intercurrent ; cholelithiasis	" ; cholecystotomy	March 4 1	1				"	No	
145	Miss B. H.	18	1	" acute	"	" 5 1	1				"	No	A very acute case, with appendix about to become gangrenous.
146	Mrs. C. M. B.	32	1	" suppurative	Abdominal section ; drainage	" 6 1	1				"	Yes	A very neglected case, pus having burrowed through muscles to form a sac beneath skin.
147	Miss S. E.	30	1	" intercurrent ; salpingitis, rt.	Appendicectomy ; tubo-ovariotomy	" 8 1	1				"	No	
148	Master A. K. B.	15	1	"	"	" 10 1	1				"	No	
149	Mr. C. F. A. F.	38	1	" suppurative	" drainage	" 10 1	1				"	Yes	
150	Miss L. E. W.	17	1	" intercurrent	"	" 11 1	1				"	No	
151	Mr. M. L. M.	27	1	"	"	" 11 1	1				"	No	
152	Miss M. F.	21	1	"	"	" 11 1	1				"	No	
153	Mr. B. W. N.	32	1	" acute	"	" 15 1	1				"	No	
154	Miss B. M.	15	1	" suppurative	Abdominal section ; drainage	" 25 1	1				"	Yes	A very neglected case. Pus cavity extended over all of right side from above umbilicus down and to the left of median line.
155	Mrs. F. A. N.	49	1	" intercurrent ; pyo-salpingitis, d'ble	Appendicectomy ; tubo-ovariotomy, double.	" 29 1	1				"	No	
156	Mrs. L. B. P.	55	1	"	"	April 9 1	1				"	No	
157	Miss E. B.	23	1	" suppurative	Abdominal section ; drainage	" 23 1	1				"	Yes	
158	Mrs. C. S.	40	1	" intercurrent	Appendicectomy	" 27 1	1				"	No	
159	Mrs. M. K.	54	1	"	"	" 27 1	1				"	No	
160	Mr. J. G.	50	1	" acute	"	May 16 1	1				"	No	
161	Miss J. M.	40	1	" intercurrent	"	" 26 1	1				"	No	
162	Mrs. A. A. A.	32	1	" ; fibromata uteri	" ; abdominal hysterectomy	" 26 1	1				"	No	
163	Mrs. S. G. C.	32	1	"	"	June 8 1	1				"	No	
164	Mrs. G. G. R.	36	1	" ; fibromata uteri	" ; myomectomy, abdominal	" 22 1	1				"	No	
165	Mrs. E. G. C.	30	1	" ; cysts of ovary, rt.	" ; tubo-ovariotomy, rt.	" 27 1	1				"	No	
166	Miss C. B.	26	1	" acute	"	" 27 1	1				"	No	
167	Mrs. S. E. L.	24	1	" intercurrent	"	" 30 1	1				"	No	
168	Mrs. H. B.	50	1	"	"	July 24 1	1				"	No	
169	Mr. R. C. S.	22	1	" suppurative	" ; drainage	" 27 1	1				"	Yes	Desperate case; great quantity of pus. Later secondary infection, requiring opening of superficial pus cavities in axillary line of chest. Fecal fistula followed, through which solid feces were passed. (See No. 174.)
170	Mrs. C. M. B.	25	1	" intercurrent	"	Aug. 5 1	1				"	No	
171	Mr. J. B. E.	25	1	"	"	Sept. 8 1	1				"	No	
172	Master M. Conley	10	1	" acute ; typhoid fever	"	" 9 1	1				"	No	
173	Mr. E. E. W.	17	1	" suppurative	"	" 9 1	1				"	Yes	A very neglected case. Abdomen full of pus with necrosed appendix. Died 12 hours after operation.
174	Mr. R. C. S.	22	1	Fecal fistula ; prolapsus of intestine	Abdominal section ; primary closure	" 14 1	1				"	No	(See No. 169.) Fecal fistula did not close, and finally the bowel became prolapsed and extroverted through the opening in itself and abdominal wall. It was perforated in two places. Primary closure with complete success.
175	Miss H. G.	25	1	Appendicitis, intercurrent	Appendicectomy	" 21 1	1				"	No	
176	Miss A. W.	18	1	"	"	" 28 1	1				"	No	
177	Mr. S. C.	26	1	"	"	Oct. 2 1	1				"	No	
178	Miss G. S.	17	1	" fulminating	" ; drainage	" 2 1	1				"	Yes	Desperate case. Duration of attack 40 hours. Appendix was necrosed and perforated in a number of places. No walling off. Abundance of thin pus.
179	Master A. S.	7	1	"	"	" 6 1	1				"	Yes	Desperate case. Duration of attack 48 hours. Appendix was necrosed and perforated in a number of places. No walling off. Abundance of thin pus. Wound left open.
180	Miss M. P.	19	1	" intercurrent	" ; [of ovary, rt.	" 12 1	1				"	No	
181	Mrs. H. B.	33	1	" ; ovarian cystomata	" ; ovariectomy, left, resection	" 12 1	1				"	No	
182	Mr. C. C. W.	50	1	" acute	"	" 18 1	1				"	No	
183	Mrs. I. A. B.	30	1	" intercurrent ; hemato salpinx, rt.	" ; tubo-ovariotomy, rt.	" 24 1	1				"	No	
184	Mrs. C.	35	1	" ; indirect ing. hernia	" ; herniotomy, Bassini	Nov. 15 1	1				"	No	
185	Mr. D. McD.	19	1	" suppurative	" ; drainage	" 15 1	1				"	Yes	An extreme case. Duration of attack 48 hours.
186	Mr. J. T. J.	32	1	" intercurrent	"	" 16 1	1				"	No	A unique case. Caecum and appendix on left side. He made a remarkably satisfactory recovery although extensively manipulated.
187	Mr. A. G. C.	28	1	"	"	" 17 1	1				"	No	
188	Mr. J. C. S.	50	1	"	"	" 27 1	1				"	No	
189	Miss M. A. C.	30	1	"	"	Dec. 5 1	1				"	No	
190	Mr. H. M.	38	1	" ; [ovaries	" ; [ventral suspension	Jan. 3 1	1				"	No	
191	Mrs. G. T.	34	1	" ; cystomata of both	" ; tubo ovariectomy, double	" 3 1	1				"	No	
192	Miss S. H.	17	1	"	"	" 6 1	1				"	No	
193	Mrs. S. D. R.	25	1	" ; pyo-salpingitis, d'ble	" ; tubo-ovariotomy, double	" 6 1	1				"	No	
194	Mrs. H. B. N.	41	1	" suppurative	Abdominal section ; drainage	" 10 1	1				"	Yes	Contained a large amount of pus (estimated at 1 qt.) well walled off.
195	Mrs. A. W.	34	1	" intercurrent ; intestinal adhesions	Appendicectomy ; adhesions severed	" 13 1	1				"	No	
196	Mrs. E. R. H.	26	1	" ; pyo-salpingitis, d'ble	" ; tubo ovariectomy, double	" 17 1	1				"	Yes	
197	Miss F.	30	1	"	"	" 18 1	1				"	No	
198	Miss L. M. L.	23	1	"	"	" 18 1	1				"	No	
199	Miss J. C.	47	1	" suppurative	"	" 20 1	1				"	Yes	Appendix in a large "cake" made up of omentum and intestines. The former contained many pus pockets, which were thoroughly broken up. Appendix removed.
200	Mr. G. E.	23	1	"	"	" 22 1	1				"	Yes	
201	Mr. A. F. F.	21	1	" intercurrent	"	" 31 1	1				"	Yes	

REMARKS.—In the list preceding, No. 50 should be recorded as a death. The two lists together embrace: total No. of cases operated on, 201; total No. of deaths, 5; death rate, 2 1-2 per cent. Attention is called to 123 consecutive cases, Nos. 50 to 173, operated on without a death.





**APPENDICITIS: A SUPPLEMENTARY REPORT.<sup>1</sup>**

BY NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

This article is to continue and supplement one published in the *NEW ENGLAND MEDICAL GAZETTE* in September and October, 1898. It is a report of cases operated upon since that time, and carries on consecutively cases there detailed.

The writer hesitates to emphasize individual opinions, which in some instances are much at variance with those whose work and experience has warranted their writing with authority upon this subject. Individual and dogmatic assertions are very misleading; and in offering the preceding and following opinions upon this subject, and stoutly maintaining them, the assurance goes with them that they are the outcome of practical experience, and are not academical in character for the purpose of supporting any special line of opinion or belief.

Admitting that some cases are operative, and others are purely medical cases, and that many cases recover completely from a first attack under medical treatment—and I think there is no controversy over these statements as here made—the question is continually asked, How are we to tell which is the operative case, and which the one to recover under purely medicinal treatment? To this question one more should be added, How can we tell to which class any given case belongs? By much discussion of the subject, and continuous operating, and actually seeing and handling the appendix in its various stages of degeneration, we have passed a long way on the road to a better understanding, by the whole profession, of the various stages of appendicitis, and this occasion is taken to point out the fact that to the surgeon is due the accuracy of our present knowledge of what takes place in appendicitis. Yet with all our knowledge we cannot always answer correctly the above questions.

A mistake is often made in intimating that those who claim that the best way to treat appendicitis is by operation

<sup>1</sup> Read before the Hughes Medical Club at its February meeting.

do so because they are keen to operate. There is no satisfaction in the operation by itself, and the advocates of the operation are mainly those who see a crisis actually at hand or threatening, but who take the most efficient means so far offered to anticipate or completely control the crisis.

Everybody admits that if pus is present an operation is the best way out of it, but no man living can tell in any given case that pus will not be present. Too much stress is laid upon "dulness" as an indication for operation. Dulness may or may not indicate that pus is present; but in any event it is a sign of an advanced stage of the disease, and should not be awaited. If it is present, many other confirmatory symptoms will also be present with it, and there would seem to be little doubt as to what is the proper course to pursue; but the stage of dulness should be anticipated if the case is early enough under observation. No operator should have cases of dulness developed under his own observation, and should see them only as he finds them already developed. Therefore, the question is not how to deal with pus cases as revealed by well-developed dulness; they must be operated on and have become already questions for individual judgment and management of detail on the part of the operator himself.

Personally I believe that not one per cent of suppurative cases arrive at this stage without abundant warnings. The interpreter is not always at hand, but the warnings are always given in the form of recurrent attacks even of so mild a character that they are overlooked, or professional advice is not even sought.

True it is, previous attacks may have been so mild as to warrant hardly a proper diagnosis, yet had the interpreter been at hand they could and would have been read as warnings. In my earlier practice I was much in doubt about this class of cases, but am so no longer because again experience proves that removal of the appendix cures the previous slight attacks, even if they had never gone beyond the stage of simple colic. No. 16 is a case in point. There had never been an acute attack of appendicitis. On removal of appen-



dix I myself was somewhat in doubt as to the possibility of such a mild offender causing such persistent trouble, yet from the day of removal the old attacks of colic ceased and have never reappeared. This patient is still under observation and has been well during the interval. Similar cases were Nos. 20, 23, 26, 57, 59, and many others, all by reason of favoring circumstances since having been where accurate and personal observation could be made. They are quoted because sufficient time has elapsed to be sure what the permanent result is.

On the other hand, cases Nos. 148, 169, 178, 179, 185, and many others were cases of this type in the beginning. No. 185 is cited in illustration. This young man, 19 years old, was brought into my office about 6.30 P.M. Examination showed enough of the characteristics of an advanced stage of appendicitis to cause me to operate immediately. It was a suppurative case of an extreme type, and his condition at the time was critical in the extreme. Only forty-eight hours before presenting himself he had driven his employer many miles and only seriously complained at the end of the drive. Upon inquiry he said he never had had an attack before, but upon pressing the point, it was found that he was and had been for some time subject to attacks of colic from most insignificant causes. I have no doubt that had he been examined in one of these slight attacks it could have easily been demonstrated that the appendix was the offender. In the other cases cited, repeated mild attacks were uninterpreted, and finally the so-called fulmination took place. These fulminating cases are no different from other suppurative cases, except, for reasons unknown to us, no or little attempt is made to wall off the diseased area, and a leaking appendix immediately starts up a general septic peritonitis. All of these were desperate cases and seemed to barely weather the crisis, and yet they were managed with utmost promptness after being seen, to which circumstance each one now undoubtedly owes his life. They were all operated on the day when first seen, so soon as arrangements could be properly made, and all of them were within sixty

hours of the beginning of the attack. Had they been delayed twenty-four hours longer, by reason of the conditions found I believe none of them would have lived.

In all such cases I look upon these mild and recurrent attacks as so many warnings. If after an initial attack the appendix completely recovers, that is the end of the matter, and I have no question that very many cases make complete recoveries. If a second attack occurs within a comparatively short time, I question whether the apparent recovery from the first attack is complete. If it is not, then it becomes merely a matter of time and opportunity for a second attack to follow. No matter how mild this may be, it tends to carry the damage to the appendix one stage farther; and if, after a so-called recovery from the second attack, tenderness over the appendix can be developed by manipulation, I believe that the recovery is only apparent, and that a third attack is sure to follow under conditions which favor it. If a third attack does occur, complete recovery is usually a hopeless exception, except by complete obliteration of the appendix.

Perhaps not enough has been said about the conditions in the iliac region which cause the sensitiveness in such cases as fail of a complete recovery. The discomfort is not due to the appendix alone, but rather due to conditions caused by the appendix. How the latter is able to cause so much disturbance, I cannot satisfactorily theorize. I know for a fact, however, that in many cases where the appendix is not much inflamed itself, but is in a hopelessly damaged condition, the cæcum and adjacent colon and small intestine and the mesentery of these parts are all heavily engorged. Both arteries and veins are dilated and overloaded, and stand out so prominently that even when no adhesions are present they are the most apparent feature at first sight. Nor is this engorgement confined to the vessels immediately adjacent to the appendix, as frequently those vessels which cross beneath the rectus are similarly affected. This has become so constant a circumstance that, in operating, after the posterior sheath of the rectus is reached, if these enlarged vessels

are seen, I feel positive that the diagnosis is correct even before the abdomen is opened. There is such a general engorgement of all vessels in this vicinity that I have no question that the intestines adjacent to the appendix are literally heavy, and that the sensitiveness is largely caused by this condition. That the appendix is the offender I am sure, for no matter how advanced and extreme may be this feature of the case, it invariably disappears with the removal of the appendix. I have had occasion to open the abdomen for troubles caused by adhesions after the appendix has been removed, and no matter how extensive these adhesions may have been, never in any single case have I found this general overloading of all blood vessels.

The writer takes this occasion to again emphasize the fact that in the operation for appendicitis, no matter in what stage of the disease, there is practically no danger. It confuses a clear understanding to say that one is "jeopardizing the life of the patient" by the operation. One fact in connection with the subject has been abundantly demonstrated; it is that there is no jeopardy in undertaking this operation in competent hands, and personally I would question the complete efficiency and competency to undertake such a measure of one whose attitude towards it was anticipatory of failure. In all the cases detailed in this and the former report, not only was no life endangered by the operation, but very many lives were saved by it, and many others were unquestionably saved — a condition of affairs which would have ended fatally in some cases if it had not been interrupted.

The question when to operate is a very difficult one, and cannot be disposed of by formulating any hard and fast rule, especially so since the most competent experts disagree about it. No one can use too much care in expressing himself upon this point, and no one single judgment can settle the question. Therefore in expressing myself about this much-mooted detail, I am only trying to reason out from the results of my own experience.

In all cases of appendicitis, I believe there is a time pre-



vious to which it would be so safe to operate that could all operations be done in this time not one in one thousand would be lost. Then again, there is a time in the course of the disease when unchecked, after which it is useless to operate, because the patient is hopelessly moribund. The so-called "interval" operation can be summarized as applying to cases which belong in the first or safe category, for the reason that the operation during the interval has been abundantly demonstrated by a variety of operators to be safe. Not only have I personally never lost a case at this time, but many others who are experienced operators have had a similar result.

Now, to go one step farther in the analysis; from my own experience, I believe that all acute cases are safe to operate if taken previous to the development of pus. I am so reasonably positive of this statement that actual experience to the contrary would be necessary for me to change my opinion, since I have now so often seen cases which were in the midst of a violent acute attack, with all the typical symptoms fully developed, not only withstand the operation, but show immediate improvement. I have seen a rapid pulse decline upon the operating table before the operation was finished, and within twenty-four hours have found that the attack was absolutely arrested. It is a demonstrated fact that in appendicitis, the appendix is the offender, and that by getting rid of the appendix we have taken the longest step towards a recovery. During the attack, and before pus has formed, usually a line of cleavage is easily found and followed, and enucleation of the appendix is much more readily accomplished than when pus is actually present. Above all else, removal of the appendix limits the disease.

In several of these cases, such as No. 182, an appendix has been removed which was much distended, acutely inflamed, with beginning patches of gangrene, and most imperfectly walled off. Indeed, in one or two cases, so far as I could tell, such an appendix was lying practically free in the abdominal cavity, and had the case gone on without interruption, I do not see how the result could have been

other than fatal. In several of such cases there was already an accumulation of discolored serum about the appendix, with considerable distention of the abdomen and rigidity of the abdominal walls, and yet the removal of the appendix caused a complete and immediate cessation of the violence of the symptoms, and in from twenty-four to forty-eight hours the case was practically convalescent. In such cases as this, there is no question in my own mind as to what the procedure should be. True it is that we cannot surely tell that these or similar conditions will be found, since they are upon the border line between a septic and a non-septic case ; but if left to themselves, they will inevitably become septic cases, and of such a virulent type that many of them will die unless the operation is undertaken. Then, again, all of the suppurative cases pass through a stage during which operation would arrest the progress of the disease and result in cure. The question is often asked, Could death occur from appendicitis within thirty-six hours from the beginning of the attack, never having had it before ? This question, in substance, has frequently been put to me by various laymen upon hearing of the death from appendicitis of some friend. This query I now invariably negative, since my experience leads me to believe that no case arrives at such a stage in the initial attack, except under the rarest and most peculiar circumstances and conditions. Invariably in the cases which have come into my own hands have I been able to demonstrate that these severe attacks were not the first ones.

The fatal cases, with one exception, No. 50, were all of the general character of those mentioned in the last paragraph, the only difference being that they had gone a step farther when first seen and that step had taken them beyond help. No. 2 should have lived, and a larger experience would have undoubtedly saved him. But I was a beginner and had not then found myself, and I attribute his death to my own inadequacy to difficult conditions. I suppose all of those operating in a larger way have paid this price in obtaining maturer efficiency, and personally, I am very grateful that it

is not necessary to include more of such examples in writing upon this subject.

No. 27 should not have been operated, since she was hopeless when first seen. But a supineness in declaring a conviction, such conviction not being quite sufficiently fortified by experience, led to the undertaking of an impossibility.

No. 31 was a neglected case, and I feel myself worthy a certain amount of censure in the conduct of it. The young man had been sick for over two weeks with the present attack, having previously had repeated minor attacks, about which there was a difference of opinion. He had been plainly told it was appendicitis and should have the appendix removed. His family physician, however, opposed this, the result being that he came down with his final attack when on a vacation and far away from adequate help. When first seen by me here in hospital, to which he had been removed, I urged immediate operation, but was overborne by the solicitations of his parents, who wished to remove him to his Western home before operating. I weakly acquiesced to conducting the case as long as he grew no worse, securing assent to an operation should he begin to fail. This was on Tuesday morning. He improved apparently, pulse and temperature were better, and on Wednesday pulse and temperature were normal, vomiting gone, tongue moist and cleaner than day before, with a general up-look to his whole condition. This continued all day, with very slight pulse and temperature variations through Wednesday. I felt so sure of him that I reassured the family and gave a definite opinion that he would come through this attack all right. The next day, Thursday, I went out of town by a very early train and to a distance to operate, feeling Mr. C. was secure. On my return at 5 P.M., I found all favorable symptoms and conditions gone. He had been vomiting all day, pain, and indeed all former symptoms were worse, so much so that no objections were made by anybody to an immediate operation. This was undertaken, but too late, since there was a general and widespread septic peritonitis. Whether or no an opera-



tion on Monday would have saved him I do not know, although I believe it would ; but I am positive that an operation at the time of any previous attack or at the beginning of the last one would have surely saved him.

No. 173 was another case of mistaken diagnosis and neglect. This young man had had abundant warning attacks, yet lacked an interpreter. He was finally sick for nearly a week with some unusual symptoms which led to a confusion of diagnosis. I operated immediately when called to him, but it was too late, as he had developed a general septic peritonitis of most virulent type. I removed a badly necrosed and perforated appendix, which was undoubtedly the cause of all the trouble. Had the operation been undertaken at beginning of attack or during or after any of the preceding attacks he would have lived. This leads to the statement that every one of the fatal cases here detailed would have lived had an earlier operation been undertaken, and that death was due to delay, with the exception of No. 2. No. 2 was operated early enough, and death was due to a secondary infection of the wound. The operation was a necessity, however, pus being present.

If anything is a proven fact, it is that the removal of the appendix cures appendicitis for all time, and is the only thing which surely does it, and that this means of cure is practically without danger. The danger lies in neglect. My own experience leads me to further add that all cases should be operated when the diagnosis is made, *provided it is made early enough.*

In these lists, then, are forty-six suppurative cases. To the total number this is a small proportion at first sight, but a fuller understanding of what is here advocated will show that this is an illustration of the very points claimed in this paper. When a further analysis shows that of the other cases forty-two were distinctly of the class which most probably would have developed pus, but were anticipated, I claim it as an argument for early operation.

Attention is called to the fact that between cases 50 and 173 not a single death occurred. This means that there

were 123 consecutive operations of all kinds without a death.

Total	.	.	.	201
Deaths	.	.	.	5
Death rate	.	.	.	2½%

## A BRIEF SUMMARY OF THE PROGRESS IN SURGERY AND GYNECOLOGY FOR 1899.

BY GEORGE R. SOUTHWICK, M.D.

(Continued from page 124.)

The surgical treatment of displacements of the uterus continues to attract attention to its importance. It is a pleasure to record an interesting modification of the ordinary ventral fixation by one of our members, Dr. Emerson, who obliterates the utero-vesical pouch by median suture and prevents the possible danger of intestinal obstruction by a loop of intestine winding round the uterus or its new suspensory ligament.

The trend of opinion in the literature of the year, between the shortening of the round ligaments and some form of ventral fixation, favors the latter, and more especially suspensio uteri. Werder<sup>1</sup> recommends ventro-fixation for procidentia uteri and for retroversion when the uterus is large and heavy. Fixation of the posterior uterine wall is to be avoided, as it may interfere with the proper expansion of the uterus in a future pregnancy. It is desirable for the same reason to fasten only a small portion of the fundus uteri to the abdominal wall. Considerable experience has accumulated which shows that such operations, properly done, very rarely cause complications in pregnancy or labor, and less so than the vaginal fixation as performed by Mackenrodt.

Longyear<sup>1</sup> has made an interesting modification of Kellogg's method of shortening the round ligaments. The tendon

<sup>1</sup> *American Journal of Obstetrics*, November, 1899.

of the external oblique is exposed by a short incision and the inguinal canal is punctured one quarter of an inch long just above Poupart's ligament. The blunt hook is then introduced close to the floor of the inguinal canal, the round ligament fished out, stripped, and quilted into the aponeurosis by an aneurism needle.

The treatment of the patient after abdominal section has received considerable attention from various writers. Particular stress is laid on the importance of early stimulation of intestinal peristalsis, as a method of treating minor degrees of peritoneal infection and as a prophylaxis for septic peritonitis. Byford<sup>1</sup> advocated the fluid extract of cascara sagrada just before the operation and teaspoonful doses of Epsom salts every hour after operation, with an enema every three hours after the sixth dose until the bowels moved and flatus passed freely. Ramsay<sup>2</sup> describes a careful study at Johns Hopkins of purgatives after abdominal section and advocates instead two grains of calomel at six o'clock in the morning after the operation, and at four in the afternoon a soap-suds enema containing an ounce of glycerine, given with a long rectal tube; a second enema of the same kind is given the next morning.

Dr. Bonnifeld<sup>3</sup> has suggested the use of physostigmine hypodermically to promote the vermicular action of the bowels in distention of the abdomen following a laparotomy.

The surgery of the ureter is of practical importance to the operator in the abdominal cavity, particularly if he is so unfortunate as to cut one in two or to remove a section. Noble<sup>4</sup> has given an interesting report of thirty-one such cases by various operators. No one method answers all cases, but in a general way he recommends implantation into the bladder, if the cut end is low down or can be brought down to the bladder without too much traction. If cut too far from the bladder for implantation, the cut ends can be joined and covered by peritoneum by splitting the distal end

<sup>1</sup> *American Journal of Obstetrics*, July, 1898.

<sup>2</sup> *Ibid.*, July, 1899.

<sup>3</sup> *Medical Record*, June 17, 1899.

<sup>4</sup> *American Gynecological and Obstetrical Journal*, August, 1899.



a little, removing a short section of its mucous membrane, leaving the outer fibrous covering as a cuff into which the proximal end can be invaginated and the surfaces united by mattress sutures. Another method is to cut both ends obliquely to match each other and then unite them. A third method is to tie the distal end of the ureter, slit it and invaginate the proximal end of the ureter into it; but this method is liable to lead to constriction and hydronephrosis. Küster resected the strictured upper extremity of a ureter and implanted it into the pelvis of the kidney. Several operations have been performed for renal calculus impacted in the ureter. The present status of the surgery of the kidney has been admirably reviewed by Dr. Van Lennep in his paper at the last meeting of the American Institute.

Four interesting cases of the ureter opening abnormally and their surgical treatment have been reported by Benekiser and Olshausen,<sup>1</sup> with references to the literature of the subject. Two important contributions to the surgical treatment of post-operative fistula of the ureter have been made by Sängner<sup>2</sup> and Martin,<sup>3</sup> and Mackenrodt<sup>4</sup> has reported twenty-two cases operated on by the extra-peritoneal abdominal method.

The German school of gynecologists favors vaginal hysterectomy<sup>5</sup> rather than the abdominal operation for extensive bilateral suppuration of the appendages, but a few of them prefer the abdominal route, and also some of the best French operators. There is an increasing tendency among American gynecologists to favor the abdominal operation for most cases. One reason has been the knowledge that appendicitis may complicate the case and may prove rather difficult to treat through the vaginal incision. It is a pleasure to note that one of our members, Dr. Boothby, has recognized the importance of this complication in a very practical paper presented to the American Institute last June.

<sup>1</sup> *Zeitschrift für Geburtshülfe u. Gynäkologie*, Bd. XLI, H. 3, 1899.

<sup>2</sup> *Monatsschrift für Geburtshülfe u. Gynäkologie*, February, 1899. <sup>3</sup> *Ibid.*, October, 1899.

<sup>4</sup> *Centralblatt für Gynäkologie*, No. 12, 1899.

<sup>5</sup> Shauta, *Archiv für Gynäkologie*, Bd. LIX, H. 1, 1899. Bröse, *Zeitschrift für Geburtshülfe u. Gynäkologie*, Bd. XLI, H. 2, 1899.

The surgical treatment of uterine fibroids<sup>1</sup> has been perfected to a wonderful degree, and the discussion of the subject at the International Congress of Gynæcology and Obstetrics in Amsterdam last August by members representing a total experience of more than a thousand operations was of unusual interest. Dr. Doyen gave a graphic illustration of his methods of operating by cinematographic views, representing two abdominal and three vaginal hysterectomies. The trend of opinion was to operate early rather than to pursue a palliative treatment. The abdominal route is favored rather than the vaginal, except for small tumors with a capacious vagina, and hysterectomy rather than myomectomy. Baldy in the abdominal operation preferred the operation at the neck. It was a shorter operation; it was applicable to all cases; it necessitated less handling; it opened up less connective tissue space and inflicted less trauma; it was less liable to infection; the anatomical relations of the vaginal vault were retained, and the vagina was not shortened; the floor was more easily re-covered with peritoneum than when the cervix was removed. Ligature was the only sure method of hæmostasis. Forcipressure and cauterization were still on their trial.

The surgical treatment of uterine cancer still yields the best results. Theodore Landau<sup>2</sup> reports in the *British Medical Journal* that of 123 cases operated on by him, eight died from the operation; thirteen out of forty-eight operated on more than five years ago have remained well; that is, one in four cured. Too much importance to early diagnosis and operation cannot be given. He prefers clamps to ligatures. Kelly has given up his operation of removing the lymphatics with the uterus, as the former were found not to be infected.

The value of antistreptococcic serum in the treatment of puerperal infection may not lie within the proper limits of this paper, but the treatment of puerperal infection in its broad general principles must be that of sepsis under other

<sup>1</sup> *Medical Record*, September 23, 1899.

<sup>2</sup> *British Medical Journal*, May 27, 1899.

conditions. The report<sup>1</sup> of the committee of the American Gynæcological Society is therefore of interest. The report is not complete, as the experimental work is not yet concluded. Their personal experience in the treatment of streptococcic puerperal infection and a very careful review of the literature on the subject may be summed up as follows:—

1. A study of the literature shows that 352 cases of puerperal infection were treated by various observers, with a mortality of 20.74 per cent; where streptococci were positively demonstrated, the mortality was 33 per cent.

2. Experimental work has cast grave doubts upon the efficiency of antistreptococcic serum in clinical work, by showing that a serum from a given streptococcus may protect an animal from that organism, but be absolutely inefficient against another streptococcus, and that the number of serums which may be prepared is limited only by the number of varieties of streptococci which may exist.

3. The personal experience of the committee showed that the mortality of streptococcic endometritis was less than five per cent, and that such cases tend to recover if nature's work is not undone by too energetic local treatment.

4. Curettage is unhesitatingly condemned, and also total hysterectomy in streptococcus infections after full term delivery. The excessive mortality is largely due to curettage.

A novel method of treating fluor albus has been introduced by Landau,<sup>2</sup> which is founded on bacteriology. He tried the vaginal application of brewer's yeast every three or four days with surprisingly good results in forty obstinate cases of leucorrhœa. The growth of the yeast plant produces conditions unfavorable for the development of pathogenic bacteria in the vagina.

Stypticin<sup>3</sup> has received further trial as a new remedy for

<sup>1</sup> *American Journal of Obstetrics*, September, 1899.

<sup>2</sup> *Deutsch. Med. Wochenschrift*, No. 11, 1899.

<sup>3</sup> Falk, *Monatsschrift für Geburtshilfe u. Gynäkologie*, Bd. X, H. 4, October, 1899. Abegg, *Centralblatt für Gynäkologie*. Nassauer, *Monatsschrift für Geburtshilfe u. Gynäkologie*, May, 1899. Also Freund, *Ibid.*, March, 1899.



uterine hemorrhage. It is antagonistic to ergot, acting on the vaso-motor nerves and does not produce contractions of the muscular fibres. It is especially valuable for hemorrhages due to congestion or tumors of the adnexa. It has been effective for excessive bleeding in chlorosis, tuberculosis, and at the climacteric. It has been of some benefit in dysmenorrhœa, especially in excessive flowing.

Beta-eucaine promises to be a valuable local anesthetic. Poole<sup>1</sup> sums up its advantages as follows:—

1. Eucaine is decidedly less toxic than cocaine and therefore superior to it.
2. Its aqueous solutions keep well and can be sterilized by boiling without destroying the activity of the drug.
3. It produces anesthesia equally well and sometimes better than cocaine.
4. It is superior to cocaine in that it does not cause heart depression or other unpleasant effects.
5. It does not cause mydriasis or disturbances of accommodation, and is less dangerous to the cornea than cocaine, as it does not cause desquamation of the superficial epithelium.

The day of gland<sup>\*</sup> extracts has not yet passed. Mallett<sup>2</sup> asserts that extract of the parotid gland relieves the pains of dysmenorrhœa in all cases to a greater extent than any of the uterine sedatives.

<sup>1</sup> *Medical News*, October 21, 1899.

<sup>2</sup> *New York Medical Journal*, August 23, 1899.

## EDITORIAL

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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## NEW ENGLAND HAHNEMANN ASSOCIATION.

An educational institution, unless it be well endowed, or assisted with timely gifts, is more or less crippled. Funds resulting merely from the tuition of its students are far from being adequate for further expansion. The growth of every college or professional school is characterized by a period of prolonged struggle, during which its reputation is established, and each year sees an increasing number of students. The school has to grow proportionately, and the expense of increased facilities is far beyond the increase in income. From now on, its financial struggle is even greater than before.

Boston University School of Medicine has now reached a period in its growth when, never so prosperous before, it has never felt such need for assistance. For twenty-seven years it has struggled along with no assistance other than the tuition of its students. It has established the enviable reputation of being one of the broadest and most liberal homœopathic medical schools in this country. Furthermore, it is the only medical school in New England which, in addition to all branches of medical knowledge, trains its students in the homœopathic system of treatment.

The New England Hahnemann Association was organized five years ago with the sole object of giving financial aid to Boston University School of Medicine. We appeal to all the homœopathic physicians in New England to give their support to this Association. By support we mean something more than merely becoming a member of the same. Explain to your patrons the object of the society, what the school has done, and what it needs. To most of us begging is a

most disagreeable task. However, remember that Harvard University owes its supreme success largely to the remarkable begging powers of President Eliot, who has realized that no better disposition of one's property can be made than by a liberal gift to a worthy educational institution.

We hope that you all have some wealthy patients. Those who believe in the value of homœopathic therapeutics should be made to realize that it is the medical school which supplies the well-trained physician, and the better equipped the school is, the more competent its graduate.

Too many physicians, after they are graduated, settle down to a busy and useful life it is true, but a life which does not include an active interest in the general good of the profession. A little work upon the part of every homœopathic physician in New England would surely interest many philanthropists in Boston University School of Medicine. Whatever benefits this medical school is sure to more firmly establish the reputation of each individual physician.

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## EDITORIAL NOTES AND COMMENTS.

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We have penned from the *Buffalo Courier* of February 27 the following resolutions adopted at a meeting held to take formal action on the death of Dr. Andrew R. Wright:—

We, the representatives of the Erie County Homœopathic Medical Society, the Western New York Homœopathic Medical Society, and of the Clinical Club of Buffalo, hereby express our deep sense of loss in the death of our friend and co-laborer, Dr. Andrew R. Wright. Our acquaintance with him has been such as to give us a thorough appreciation of those sterling qualities of mind and heart, which made him a most valued member of the profession and further endeared him personally to all those who knew him. His soundness of judgment, right-mindedness, and good will towards his followers make us individually feel that in his death we have lost a father in medicine. His active labors and the high positions which he has held in the councils of our State and national medical societies



have made him for many years the leading representative of homœopathy in Western New York.

We hereby express our deep sympathy with his family in their affliction, and resolve that these minutes be entered upon the records of the respective societies we represent, and that a copy of them be sent to his family.

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### IN MEMORIAM.

FREDERICK DABNEY STACKPOLE, son of John W. G. and Emmeline Dabney Stackpole, was born in Pomeroy, Ohio, July 19, 1849.

Educated in Cincinnati, Ohio, he entered Harvard College, graduated with the Class of 1873, and took his degree in medicine at Harvard Medical School in 1878. He was associated with Dr. W. L. Jackson in Roxbury from 1888 to 1893, and since that date his office was at No. 24 Kenilworth Street.

Though in poor health for the past three years, he continued in active practice with the exception of one winter until within a few weeks of his death, which occurred on the twenty-sixth of December, 1899.

Earnestness, quietness, and faithfulness are the qualities which were prominent in his character, and it was these which endeared him to those about him. Ever seeking to efface himself and make light of his services rather than to magnify his efforts, Dr. Stackpole yet drew about him stanch friends and trusting patients; and it may be said of him, as of another, that he entered the home of his patient as physician and left it as friend.

Every page in the book of his life teems with his efforts to aid his fellow men, ameliorate their sufferings and improve their condition and surroundings.

He was connected with the Associated Charities in Boston from 1880 to 1888, and from that date with the same organization in Roxbury, being an active worker during these years and the Vice-President of his Ward Conference in each place. He was actively interested in the Young Men's

Christian Union for many years, and as Treasurer of one department of the South End Industrial School of Roxbury manifested his zeal in this form of good work. His was not a life given up to leisure or self-interest; and though placed where the struggle for existence did not compel him to long days of labor, he still worked because of love for his fellow man.

He became, in 1878, one of the physicians at the Burroughs Place Dispensary, and for many years had a large clinic there, until upon the establishment of the Roxbury Homœopathic Dispensary he attached himself to that institution and continued an active member of the staff until 1896. He was Librarian of Boston University School of Medicine for three years and a member of the various societies of the Homœopathic School.

Soon after the foundation of the Saturday Evening Club, in 1878, Dr. Stackpole was elected member, and when in 1879 this organization became the Hughes Medical Club, he continued an active interest, and soon after was constituted its permanent Secretary, which office he filled most acceptably until the time of his death.

Faithful to his creed, his principles, and his friends; quiet in his manner, in the intercourse of daily life, and in the performance of his duties; earnest in his efforts to aid those who were suffering, to elevate the down-trodden and to strengthen the weak-hearted; he has left among his friends the fragrance of a noble life, and the conviction that of such is the kingdom of heaven.

C. L. N.,

*For the Hughes Medical Club.*

## NOTES ON CURRENT RHINOLOGICAL AND LARYNGOLOGICAL LITERATURE.

BY GEORGE B. RICE, M.D.

AN INSTANCE OF PRIMARY HEMORRHAGE FOLLOWING AMYGDALOTOMY. By G. B. Hope, M.D. *New York Medical and Surgical Journal*, March 3, 1900.

The patient, a vigorous muscular woman of twenty-six, had suffered from frequent attacks of tonsillitis and peritonsillar abscess.

For certain reasons, it was thought necessary to amputate the tonsils while they were in a state of acute inflammation, and the operation was performed with a Mackenzie instrument, the patient being under chloroform anesthesia. A brisk hemorrhage followed which continued for about three hours, when it was finally controlled by the persistent use of the galvano-cautery.

The patient at this time was becoming rapidly exanguined. The usual methods of controlling tonsillar hemorrhage, namely, cold, cocaine, antipyrine, hydrogen dioxide, and pressure, were resorted to unsuccessfully. The after history is not given, but the author concludes his paper by stating his belief that the causes of the accident were the robust and athletic figure of the patient, the tissue changes resulting from the recurring attacks of tonsillar inflammation, and the employment of an anesthetic. Further, that in the light of this experience, the galvano-cautery, the hypodermic use of ergot, the maintenance of the erect position, and the avoidance of stimulants, are considered as ranking among the selected methods for the control of this formidable and rare emergency.

One can readily understand that an emergency such as the above must be extremely trying and difficult to meet ; but at the same time it would seem that persistent digital pressure was after all the most available method of controlling tonsillar hemorrhage.



To accomplish this when the patient is gagging and twisting is by no means easy; but it is a fact that the throat will after a time become tolerant to the continued pressure, and that if it does not, that chloroform can be administered to a sufficient extent to quiet the reflexes. The after condition of a patient upon whose throat the galvano-cautery has been used repeatedly and with the objective point obscured must be pitiable.

A PLEA FOR THE MORE EXTENDED USE OF ANTITOXIN FOR IMMUNIZING PURPOSES IN DIPHTHERIA. By John S. Billings, Jr., M.D., Assistant Director of the Bacteriological Laboratory of Health, New York City. February 17, 1900.

In this article Dr. Billings shows that from 1896 to 1899 there had been a steady decrease in New York City in the number of cases of diphtheria and in the mortality, but that during 1899 an increase in the number of cases as well as in the mortality. He thinks this increase to be due in part to the neglect of a most important prophylactic measure, namely, immunization by antitoxin. Immunization is considered a most potent means of preventing the spread of diphtheria and in lessening the number of deaths from this disease.

Dr. Billings believes it probable that the doses of antitoxin heretofore used have been insufficient. Improvements in the mode of preparation of the serum have rendered it safe, and he believes that no ill effects need be apprehended from its use.

SUBHYOID PHARYNGOTOMY FOR THE REMOVAL OF A MALIGNANT GROWTH OF THE LARYNX. By F. J. Lutz, M.D., of St. Louis, Mo. *Philadelphia Medical Journal*, February 24, 1900.

This operation was performed not with the expectation of curing the case, but for the relief of the dyspnoea and dysphagia, which were extreme and demanded immediate relief. The tumor was on the right side near the base of the epiglottis, oblong and irregular in outline, extending across two

thirds of the lumen of the larynx and covering also the œsophageal opening. The operation was performed under infiltration and cocaine anesthesia.

A transverse incision was made through the integument about a third of an inch below the hyoid bone, extending from the anterior border of the sterno-mastoid muscle to a similar point on the opposite side.

Through this incision by careful dissections, the tumor was finally reached and removed, the operation being comparatively painless and bloodless. Union by first intention took place and the patient lived a month, dying from inanition.

The tumor proved to be an epithelioma.

The above case is of interest because the removal of the growth was successfully accomplished without general anesthesia and without a preliminary tracheotomy.

EMPYEMA OF THE ANTRUM OF HIGHMORE. By Orrin Leroy Smith, M.D., Chicago, Ill. *The Clinique*, March 15, 1900.

The above is the title of a clinical lecture delivered to the students of Hahnemann College. The patient, Mr. A. B., age thirty years, suffered from frequent colds and catarrhal discharge. After some months' treatment at a five dollar a month institution, polypoid growths were found and removed. A few hours after the operation he began to have pain in the left malar eminence and about the eye. Forty-eight hours later there was a sudden gush of creamy pus from the left nostril, which relieved the intense pain. Since that time, he has been annoyed by constant discharges of foul-smelling pus, which prevents prolonged sleep, and interferes with the proper ingestion of food. Loss in weight and strength has resulted. He then came under the observation of Dr. Smith, who made the patient the subject of his clinical lecture. The doctor gives the usual methods of diagnosis, sources of infection, and treatment.

This case is worthy of note, from the fact that the infection probably resulted from the use of unclean instruments in the unskilful hands of the institute doctor.

## SOCIETIES.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### *Business Session.*

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, March 1, 1900, at 7.50 o'clock, the President, Frederick W. Halsey, M.D., in the chair.

The records of the last meeting were read and approved.

The President called attention to an anti-vivisection bill now before the Legislature, and read a résumé of the restrictions contained therein. "The bill," he said, "was a mischievous one, and would work to the serious detriment of science."

Dr. Walter Wesselhoeft moved that a committee be appointed to confer on the subject, with a view to taking a decided stand in regard to the restrictions proposed. Carried. The following committee was appointed by the chair: Drs. Edward P. Colby, T. M. Strong, S. H. Calderwood, N. R. Perkins, and F. P. Batchelder.

Dr. N. Emmons Paine stated that there had been considerable talk at the State House recently about the State care of the insane. Three or four hearings have been held thus far, and the Legislature is asked to remove the insane from almshouses and have them cared for in some way by the State. There are now about nine hundred insane persons cared for in almshouses. This is not as bad as it might be, but it is not what it should be. The matter is an important one so far as humanity and the care of incurable insane are concerned. Some prominent persons in the State have appeared before the committee. At first I was not entirely in favor of the measure, because of the experience in New York State, where politics crept in; but in this State this is not so likely to occur, therefore I feel very strongly that this



society should appoint a committee empowered to urge the removal of these persons from the almshouses to the hospitals, and all insane now reported cared for by towns placed in hospitals. I therefore move that a committee of five of the Boston Homœopathic Medical Society be appointed to attend the hearings at the State House before the legislative committee having in charge a bill entitled "An Act relating to State Care of the Insane."

Dr. George S. Adams: I have attended three of the hearings which have been held at the State House and have been very much interested, and I am heartily in favor of the plan suggested. The present board, appointed by the Legislature of 1898, were commissioned to look into the matter of the care of the pauper insane by the State. They reported briefly that for the present it would be better for the hospitals to care for such cases. The board recommended that the State care for all the insane poor in the State; that the insane hospital now owned by the city of Boston be purchased or leased and the insane be cared for, and the insane poor in almshouses should be cared for in the same way. Colonel Codman has drawn up an act providing for the purchase by the State of some 2,000 acres, and thereupon erect a colony for the poor in almshouses. It is proposed to erect buildings at a small cost, cottages to accommodate about thirty persons, and a series of these to be erected as needed. The arguments at the hearings have been, with one or two exceptions, in favor of it. Almost all of the old school societies in the State have been represented. I have given briefly these facts that the members of the society may understand what has been done thus far.

Dr. Paine's motion was carried and the following committee appointed by the President to attend the hearings at the State House and support the measure as it deemed best: Drs. N. Emmons Paine, John P. Sutherland, George S. Adams, N. R. Perkins, and George E. White.

REPORT OF THE SECTION OF GYNÆCOLOGY AND  
OBSTETRICS.

GEORGE R. SOUTHWICK, M.D., Chairman,

GRACE E. CROSS, M.D., Secretary,

GEORGE W. HAYWOOD, M.D., Treasurer.

The President appointed a committee to nominate sectional officers for the ensuing year: Drs. J. Emmons Briggs, Mary B. Currier, and Caroline Y. Wentworth. The committee reported as follows: Chairman, H. E. Spalding, M.D.; Secretary, Martha E. Mann, M.D.; Treasurer, W. Louis Chapman, M.D., who were duly elected.

Dr. George R. Southwick made a motion, which was not seconded, that the reading of the papers be postponed for one week, owing to the absence of several members who had promised to discuss Dr. Wesselhoeft's paper.

## PROGRAM.

1. The Homœopathic Therapeutics of Dysmenorrhœa. Walter Wesselhoeft, M.D. The discussion will be opened by Conrad Wesselhoeft, M.D.; James B. Bell, M.D.; John P. Sutherland, M.D.; Fred. B. Percy, M.D.

2. Some Forms of Dysmenorrhœa not usually Amenable to Drug Treatment. Alonzo Boothby, M.D.

3. A Case of Extra-uterine Pregnancy. George H. Earl, M.D.

4. A Brief Report of a Series of Fifteen Hundred Gynæcological Cases, with Special Reference to the Treatment of Salpingitis. George R. Southwick, M.D.

On account of the inclemency of the weather Drs. Boothby and Earl were not able to be present, and their papers were omitted.

4. Dr. Southwick stated that he had not had time to complete his paper. He wished to speak of one remedy, colocynth, in salpingitis. Five or six years ago I had a case of salpingitis in which the tubes were affected to such an extent they could be felt externally. While we were trying to get permission from some of the family to operate, the patient complained of such severe pain in the abdominal cavity I

gave colocynth, and to my surprise the tubes returned gradually to a normal condition, and have remained so. This experience has led me to try it on others. I have tested it very thoroughly. It is more effectual in acute cases, rather than chronic; left side rather than right, and where there is a good deal of pain. I am convinced from careful observation upon a large number of cases that we have had very good results from this remedy. Last summer I saw a case with a friend of mine. There was a pronounced swelling of the left tube and there had been severe pain in it for several months. An operation was planned, but the patient was not able to leave her home for three or four weeks, and during that time she was given colocynth. She was so much better after a week or two of treatment that all idea of an operation was abandoned, and she is now five months pregnant. I do not wish to be understood as advocating colocynth as a specific for salpingitis, for it is not. These fifteen hundred cases, to which I refer, are cases in my clinic, which have been treated the past five years. The exact number of cases of salpingitis I am not able to state at present, but I will say this — that we rarely have a clinic when there is not some form of salpingitis present. This will give you some idea of the prevalence of the disease. They are long cases, and it is hard to persuade patients to give the time necessary for a cure. In some acute cases belladonna has been useful.

Adjourned at 9.30 o'clock.

EDWARD E. ALLEN, *Secretary.*

The annual meeting of the Massachusetts Homœopathic Medical Society which is to be held on Wednesday, April 11, 1900, at Steinert Hall, offers a program of especial interest. The Bureaus of Clinical Medicine, Obstetrics, Diseases of Children, Insanity and Nervous Diseases are to report. At this meeting thirty-one physicians will be admitted to membership, making a total of fifty for the year. The new volume of Transactions is now in press. New applications for membership should be handed to the secretary at the meeting.



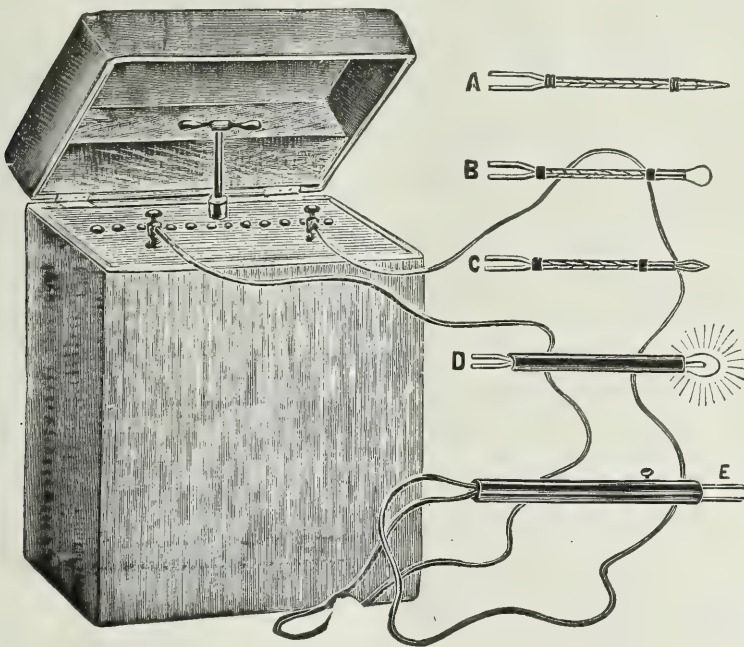
The Section of Anatomy and Physiology of the Boston Homœopathic Medical Society is to report at the special meeting of the society to be held at the college building on Thursday evening, April 19, 1900. Papers are to be presented by Drs. J. P. Sutherland and N. W. Emerson, and demonstrations and reviews by the physiological department.

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### ITEMS OF INTEREST.

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THE "POPULAR" CAUTERY BATTERY. — The accompanying illustration shows an instrument designed more for the use of the general practitioner than that of the specialist. It



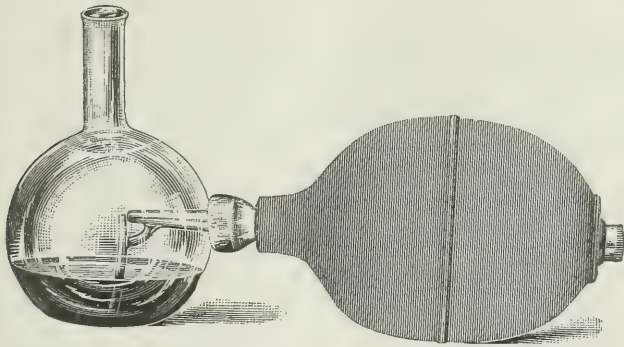
is simple in construction, easy to operate, and presents a handsome appearance, the case being made of highly polished mahogany and all metal parts nickel plated. The ordinary bichromate battery solution is used as an excitant, and it is

so constructed that the elements are stationary and the cells may be raised and lowered, thus immersing the elements in the exciting fluid. An electric lamp, interrupting handle, conducting cords, and three cauteries, namely, a point, knife, and curette, are supplied with each battery. It is a neat, compact, and portable apparatus and will give excellent satisfaction for light work. Price, \$12.50. Sold by Otis Clapp & Son.

THE DRY VAPOR TREATMENT. — The use of various nebulous vapors in the treatment of affections of the mucous membranes of the respiratory tract has proved of inestimable value in a large class of cases and should become more general. The medical profession has long been aware of the usefulness of the comparatively coarse spray produced by the atomizer, in the treatment of diseases of the nose and throat, but it is only just awaking to the possibilities of the fine, almost dry vapors produced by nebulizers and comminuters. By their means medicaments can be broken up into exceedingly minute particles of such lightness and fineness that they will penetrate the smallest cavities and bronchi. At present the use of these instruments is limited almost entirely to specialists, and in a great many cases the best results are not obtained because the applications are not made frequently enough. Patients go to the specialist's office two or three times a week to receive treatment, when they should have the benefit of two or three applications per day. One reason for this state of affairs is to be found in the fact that a satisfactory instrument for home use has not until recently been produced to sell at a moderate price.

The Popular Nebulizer, devised by Otis Clapp & Son, fulfils the necessary requirements mentioned above, and is superior to all other hand vaporizers by reason of its simplicity and the ease by which a large volume of nebulous vapor may be produced. Other hand instruments upon the market require so much force to be applied to the bulb that only a few people can work them satisfactorily. As shown by the illustration, it consists of a glass globe containing the

nebulizing mechanism, and having an outlet tube at the top and connected to a simple rubber hand bulb at the side, by which it is worked. It is supplied with glass mouth piece, nose piece, and connecting piece of pure rubber tubing.



After filling the glass globe about one quarter full of medicament, the rubber tubing is attached to the outlet tube and either mouth or nose piece is inserted at the other end, when the nebulizer is ready to operate. To medicate the nasal passages, the nasal tip should be inserted in one nostril, keeping the mouth closed and working the bulb with the hand, allowing vapor to flow out of the opposite nostril, which should be closed with the thumb or finger of the other hand from time to time to force the medicament into all the nasal cavities. The bronchial tubes may be medicated either through the mouth or nose, the patient slowly taking deep inhalations at the same time. A post-nasal application may be given by inserting mouth piece between the lips, taking short inspirations and exhaling through the nose. Treatments should last from five to ten minutes and will be found to exert a very soothing influence upon inflamed conditions. By closing the outlet occasionally and applying a small amount of pressure as directed, the mucous surfaces of the nose are cleansed, mucous crusts loosened, and the medicament reaches all parts of the cavity, where it is readily absorbed. In bronchial and lung treatments inflamed conditions are relieved and a diminution of the harassing cough



and expectoration of tuberculosis results, the consequence of which is better rest at night and increased appetite. With the proper medicaments, the treatment has proved of marked value in all bronchial and catarrhal affections, asthma, hay fever, etc. For the convenience of physicians in prescribing, a number of formulæ have been prepared as follows :—

Balsam Solution No. 1. Composed of balm of gilead buds (F. E.), the oils of Scotch pine, eucalyptus and cassia, tr. benzoin, etc., combined in the proper proportions. Useful as an antiseptic, protective and stimulant in bronchial and catarrhal affections.

Campho-menthol Compound No. 3. Composed of campho-menthol with benzoinated base. Useful in acute laryngeal and pharyngeal affections, to allay inflammation, especially follicular pharyngitis.

Calendulol Compound No. 4. Composed of calendulated oil, with the proper percentages of tar, calendulol, menthol, etc. Has been used with good success in treatment of catarrhal conditions of the nose, pharynx, and larynx.

Other compounds have been formulated, and it is claimed that they have afforded relief in asthma, hay fever, whooping cough, conditions of chronic ulceration, dry catarrh, etc.

Price of the Popular Nebulizer, 80 cents ; to physicians, 60 cents.

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## REVIEWS AND NOTICES OF BOOKS.

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THE HYGIENE OF TRANSMISSIBLE DISEASES : Their Causation, Modes of Dissemination and Methods of Prevention. By A. C. Abbott, M.D., Professor of Hygiene and Bacteriology in University of Pennsylvania. Philadelphia : W. B. Saunders. 1899. Price, \$2.00.

In these days when so much of public safety depends on sufficient knowledge of the transmissible diseases, their management

and prevention, this book proves itself one which no physician can well afford to be without. The work treats of the causes in general of diseases and quite extensively and very satisfactorily of the "causation, modes of dissemination and prevention of *special* diseases."

Each disease is considered *practically* rather than theoretically, giving what is known and not what is surmised, and is illustrated with a cut of the bacteria involved.

The third section treats of "prophylaxis in general against infectious diseases," "vital processes," "chemical and physical prophylactic measures," "additional precautions of importance in the management of communicable diseases," and "quarantine." Altogether this commends itself to us as a very practical and valuable book, and the third section at least should be in the hands of every board of health, or what acts as such outside of our cities and large towns.

The make-up of the book is of the high standard of excellence of all the publications of this firm. We do wish, however, all the publishers of medical books could be brought to realize that most of the reading by physicians is done by artificial light, and that an *un-glazed* paper would be very much more comfortable and much less trying to the eyesight of the reader.

REFRACTION AND HOW TO REFRACT. Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye Glasses, etc. By James Thorington, A.M., M.D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine; Assistant Surgeon at Wills' Eye Hospital; Associate Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Member of the American Medical Association; Ophthalmologist to the Elwyn and the Vineland Training Schools for Feeble-minded Children; Resident Physician and Surgeon Panama Railroad Co., at Colon (Aspinwall), Isthmus of Panama, 1882-89, etc. Two hundred illustrations, thirteen of which are colored. Philadelphia, Pa.: P. Blakiston's Son & Co., 1012 Walnut Street. Octavo. pp. 301. Price, cloth, \$1.50, net.

The author states in his preface that the book is "intended for beginners," and he has certainly succeeded in presenting the *essentials* very clearly and concisely. The first chapter is on optics, deal-

ing with refraction, reflection, index of refraction, critical angle, and the path of a ray of light through different kinds of lenses. Physiological optics and the "reduced" eye are treated sufficiently, without introducing the elaborate mathematical formulæ of Donders and Landott.

Ophthalmoscopy and ametropia are described and illustrated in the usual way.

The diagrammatic representation of the two meridians of the astigmatic eye is worthy of especial notice.

The chromo-aberration test with cobalt blue glass is finely illustrated with chromo-lithographs. This has been generally regarded as an optical curiosity rather than of much practical value. Skeascopy is treated quite thoroughly, and the underlying principles clearly enunciated.

Keratometry is touched upon lightly, but some exception might well be taken to the author's statement that "the findings are more often useless than of any real value."

The very concise directions about the use of cycloplegics will be a welcome chapter to many.

"Applied refraction," meaning a detailed description of a number of the author's cases, is a unique feature, and one that will prove very helpful to the inexperienced.

In fact, throughout the book the author has kept to his purpose of writing for "beginners" in ophthalmology.

D. W. W.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY: A Yearly Digest of Scientific and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs, and Text-books of the Leading American and Foreign Authors and Investigators, under the editorial charge of George M. Gould, M.D. Philadelphia: W. B. Saunders. 1900. Two vols. Price, cloth, \$3.00 each.

We desire to call to the attention of the medical profession the fact that this work is now published in two volumes, and that physicians and surgeons can now obtain, in separate form, the portion of that work in which they are interested. Furthermore, this division into two volumes makes the work less tiresome to hold in reading.

This work is already so well known that it is unnecessary to comment upon the very high place it has taken in current medical liter-



ature. Every physician finds it constantly necessary to refer to what each year brings forth in the way of actual progress in medicine and surgery. The magazines report the progress of the hour and necessarily a great amount of subsequent elimination of worthless matter results. In the American Year-book this process of weeding out is under the supervision of men eminently qualified to pass judgment upon their respective departments.

ESSENTIALS OF PHYSICAL DIAGNOSIS OF THE THROAT. By Arthur M. Corwin, A.M., M.D., Demonstrator of Physical Diagnosis in Rush Medical College, Chicago, etc. Illustrated. Philadelphia: W. B. Saunders. 1899. pp. 219. Price, cloth, \$1.25, net.

Dr. Corwin's manual presents in systematic form the gist of the science of physical diagnosis as applied to the throat. It outlines very discriminatingly the amplified information found in larger textbooks, and by its assistance the salient points can be more readily grasped and such knowledge be made more available for immediate and practical application.

While the principal object has been to devote the text mainly to a consideration of the throat in health and disease, reference has been made to some of the abdominal organs and to various phenomena of the circulatory system outside of the chest, where these have seemed to be specially related to the chest cavity and its organs.

We may say, however, that all this secondary instruction is contained in four well-defined divisions; namely, Topography of the Chest, Landmarks of the Chest, Methods of Physical Diagnosis, Physical Signs Common in and Peculiar to each Disease of the Chest. Under these headings the science and art of the objective examination of the thorax have been outlined so successfully that, with the personal help and guidance of a competent instructor, the average student will be able to obtain a very fair knowledge of this important branch of the medical curriculum.

A POCKET TEXT-BOOK OF PHYSIOLOGY. By H. D. Collins, M.D., and W. H. Rockwell, Jr., A.B., M.D. Illustrated. Philadelphia and New York: Lea Brothers & Co. 1899. pp. 316. Price, cloth, \$1.50, net.

Lea's Pocket Text-book of Physiology occupies a distinct place of its own as an intermediary between the question compend and larger,

more exhaustive works. The text is so full of pregnant sentences that no student will have difficulty in devising questions of his own for review. While the authors disavow any claim to original research, they may reasonably call attention to their judicious selection of material. Their schema permits of the introduction of a certain amount of text explanatory of bare statements of fact. Thus in each section, in addition to the purely physiological aspects, histological considerations are discussed, such as those of the cell in general and of the neuron in the nervous system; and, wherever practicable, the application of physiological principles to pathological conditions is also dealt with. The style is pleasing and conversational. As a text-book it is well adapted for nurses, and for primary and secondary schools.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania, etc. Fifth edition, revised and enlarged. Illustrated. Philadelphia: W. B. Saunders. 1898. pp. 519. Price, \$2.00, net.

For this fifth edition certain subjects have been entirely rewritten, chief among those so remodelled being: Diseases of the Pancreas, Appendicitis, Angina Pectoris, Aphasia, Myxœdema, and Syringomyelia. Among the new articles are those on Acute Cholecystitis, Tuberculosis of the Kidney, Gastropotosis and Enteropotosis, and Chronic Cerebral Leptomenigitis. It would seem that the book might be an excellent guide to the practice of medicine for the physician himself, though written more especially in the interests of students. It is not assumed, however, by the author that the latter will confine themselves to this work, but rather that they will be stimulated by its teachings to attend more diligently upon the lectures of their school and avail themselves of all possible opportunities for bedside instruction.

The subject-matter of the volume in question is arranged under the following general headings: Diseases of the Digestive System, Diseases of the Kidneys, Diseases of the Blood and the Ductless Glands, Diseases of the Circulatory System, Diseases of the Respiratory System, Acute Infectious Diseases, Constitutional Diseases, Diseases of the Nervous System, Diseases of the Skin and its Appendages.

An unusual amount of space is given to the skin, this subject receiving as extended treatment as any, with the exception of diseases of the brain, cord, nerves, and muscles, and a more extended consideration than most. The size of this book — post octavo — is a most convenient one, the flexible leather binding renders it light and compact, and the type is commendably sizable and clear.

ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE. By Charles de M. Sarjons, M.D., and one hundred associate editors, assisted by corresponding editors, collaborators, and correspondents. Vol. IV. Philadelphia, New York, and Chicago: The F. A. Davis Company. 1899.

Volume IV of the Cyclopedia comes to hand as a fitting companion to the preceding volumes. The book contains articles on the alphabetical diseases from "Diarrhœal Diseases of Infants" to "Mercury."

Among the articles especially worthy are "Insanity," by the late associate editor, Dr. Rohé; "Malarial Fevers," by Drs. Wilson and Ashton; "Diseases of the Liver," by Mr. Phedral, and the article on "Leprosy."

This number is fully up to the high standard established by the publishers in the previous volumes of this series.

A PRACTICAL TREATISE ON THE DISORDERS OF THE SEXUAL ORGANS OF MEN. By Bukk G. Carleton, M.D., Genito-urinary Surgeon and Specialist to the Metropolitan Hospital and Polyclinic of the Metropolitan Hospital, etc. Revised and enlarged edition. New York: Boericke & Runyon Co. 1900. Price, cloth, \$2.50, net.

This revised edition, containing as it does the anomalies, injuries and non-venereal diseases of the genital organs of men, with the latest general and special treatment of the same, promises to have an even greater success than the first edition.

Unscrupulous practitioners and quacks have long derived their profits largely from this class of disorders. The general practitioner by more thoroughly qualifying himself to treat these cases could often prevent untold misery and irreparable damage. Suggestive treatment is certainly most valuable in the care of these cases. We



believe, however, that too often is the physician deceived into relying upon this, with perhaps the assistance of a poorly selected remedy.

The author has contributed a most valuable and practical treatise in that he has most carefully considered the congenital and pathological conditions present, which require hygienic treatment before the selected remedy will accomplish what is desired. The last thirty-four pages are devoted to the symptomatology and adaptability of the drugs found useful in sexual infirmities.

This work should find a place in the library of every physician.

LEA'S SERIES OF POCKET TEXT-BOOKS. Edited by Bern B. Gal-  
laudet, M.D.

CROCKET'S GYNECOLOGY. A Pocket Text-book of Diseases of Women. By Montgomery A. Crocket, A.B., M.D., Adjunct Professor of Obstetrics and Clinical Gynecology, Medical Department of the University of Buffalo, N. Y. In one handsome 12mo volume of 368 pages, with 107 illustrations. Philadelphia and New York: Lea Brothers & Co. February, 1900. Cloth, \$1.50, net; flexible red leather, \$2.00, net.

POTTS' NERVOUS AND MENTAL DISEASES. A Pocket Text-book of Mental Diseases. By Charles S. Potts, M.D., Instructor in Electro-therapeutics and Nervous Diseases in the University of Pennsylvania. 442 pages, with 88 illustrations. February, 1900. Cloth, \$1.75, net; flexible red leather, \$2.25, net.

HISTOLOGY AND PATHOLOGY. By John B. Nichols, M.D., Demonstrator of Histology, Medical Department Columbian University, and F. P. Vale, M.D., Assistant in Pathology, Medical Department University of Georgetown, Washington, D.C. In one handsome 12mo volume of 452 pages, with 213 illustrations. Cloth, \$1.75, net; flexible red leather, \$2.25, net.

There has always been a strong prejudice among many physicians against the use of pocket text-books and quizz-compends. This has been largely overcome by the exceptionally high standard of many of these works.

It is now possible at a very small expenditure to keep one's library fully abreast with the latest progress in medicine. Although especially useful for students, these pocket text-books will prove of great value to practitioners, keeping them thoroughly informed in regard to the more recent advances in medical knowledge. The names of these authors are a sufficient guarantee of the value of the respective works.

THE LUTE AND LAYS. A Book of Poems. By Charles Stuart Welles, M.D. Printed at the Chiswick Press, on antique laid paper, 3s. 6d. net, and an edition on hand-made paper, numbered and signed by the author, 5s. net. London: George Bell & Sons, 4, York Street, Covent Garden, W. C. New York: The Macmillan Company.

This little volume is made up of a collection of songs of love and beauty and the beauty of love.

For in love's light my song takes wing;  
Her star pervades my universe,  
And all my rhapsodies are hers,  
It is her beauty that I sing.

Her light illumines my destined way,  
And ever points my course aright;  
Hers is the brilliance of my night,  
She is the magnet of my day.

And the love of which he sings and the manner of the singing is dainty, delicious, dignified, divine. It is a book to be read in the privacy of one's own heart or with one's sweetheart or loving wife beside the cheerful fireside.

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#### PERSONAL AND NEWS ITEMS.

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DR. FREDERICK P. BATCHELDER has removed to 411 Massachusetts Avenue, Boston, between Columbus and Huntington Avenues. Office hours 2 to 4 P.M., except Tuesday and Friday, 4 to 5 P.M. New telephone number, Tremont, 812-3.

THE ALUMNI DAY OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL will be celebrated on Thursday, May 3, 1900, the exercises beginning at 9 A.M. at the college and followed by the Commencement at 3 P.M. The Alumni meeting and dinner will be held at Delmonico's, Fifth Avenue and 44th Street, at 6 P.M., for which the toastmaster, Dr. Charles H. Helfrich, has secured the services of a fine list of speakers.

EDWIN S. HUNSON,  
*Corresponding Secretary.*

16 West 45th Street, New York.

FOR SALE. — In large Massachusetts city, a first-class practice. Splendid opportunity. Address "M. D.," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. GRACE E. ATKINS, Boston University School of Medicine, 1900, has located in Winchester, Mass.

DR. ELIZABETH B. NEWMAN, class of '98, Boston University School of Medicine, has located at Belmont, Mass. Office hours, 8 to 9 and 3 to 5.

A HOMŒOPATHIC DISPENSARY has been started in the vestry of the Calvary Baptist Church, Salem, Mass. Much enthusiasm is shown. The clinics are well attended, and it is expected soon that a hospital will be started.

DR. CHESTER H. GOULD, class of '96, Boston University School of Medicine, has removed from Hillsboro Bridge, N. H., to Braintree, Mass.

WANTED. — A physician who has had a number of years' experience, and who is well qualified to take a good practice among the better class of patients, desires to purchase the good will, etc., of some retiring physician. Address, stating location, amount of practice, and price, "R. M. B.," care of Otis Clapp & Son, Providence, R. I.



# THE NEW ENGLAND MEDICAL GAZETTE

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No. 5.

MAY, 1900.

Vol. XXXV.

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## COMMUNICATIONS.

### THE GREATER OBLIGATION OF THE PHYSICIAN.

#### PRESIDENT'S ADDRESS.

BY FRANK C. RICHARDSON, M.D.

[*Delivered before the Massachusetts Homœopathic Medical Society, April 11, 1900.*]

If thou couldst, doctor, cast  
The water of my land, find her disease,  
And purge it to a sound and pristine health,  
I would applaud thee to the very echo  
That should applaud again.

— *Macbeth, Act V, Sc. 3.*

Contrary to the usual experience of those who write at a stated time as part of the duty appertaining to their office, I find myself not at a loss for a subject, but rather embarrassed to select from the many topics which present themselves for consideration.

The past year has been one of activity in our society, in our local homœopathic institutions, in the world of medicine at large, and one is tempted to review the many events which have marked the advancement of our science.

Ample material might be found in the prevailing indications that our school of practice is no longer in danger of being enthralled by that sectarian bigotry which we have so strongly condemned in others. That while still stoutly loyal to our therapeutic principle, we recognize other truths in the great science of medicine.

It would also be pleasing to note, as perhaps one of the

less important results of our scientific advancement, the more respectful and friendly attitude of the rest of the medical world toward physicians and institutions bearing the name "homœopathic."

Such retrospect affords great cause for self-gratulation and a stimulus to grapple with the more vital questions of our future.

It would have been pleasing, and perhaps profitable, to enlarge upon these topics, but circumstances and recent events have so forcibly presented to me various menaces to the public health and the incompetence of those having such matters in charge that I am impelled to address you upon the obligation of the medical profession to watch over and protect the health of the general public, as well as that of its individual clients. An obligation far greater and more sacred than any we owe to sectarian interests or to our circumscribed clientele; an obligation too seldom realized or fulfilled.

It is, I think, true that the majority of physicians confine their intellectual activities to the essentials of their profession, and do not cultivate that breadth of sympathy and interest which is as necessary to their mental development as it is to the physical welfare of the people.

This is an age of competition, and not less so in professional life than in other fields. The trite saying, "There is room at the top," applies surely to the medical profession, and it requires a life struggle to attain to an exalted position, and once there, a sustained effort to maintain it.

Absorbed in this praiseworthy effort, medical men toil early and late, in the hospital, in the laboratory, or, as with the majority of us, at the bedside or in our office, ministering to those who apply to us, feeling satisfied if through our industry and success we are able to conduct a large and lucrative practice and relieve the ills of a few hundreds of our fellow creatures. This is indeed a noble work, and one entailing self-sacrifice not met with in any other calling. Reams have been written about the nobility of our profession; and imbued with this idea, we complacently resign our-

selves to the routine practice which comes to us, making so many visits, so many office prescriptions, dispensing too much medicine and too little advice, and at the end of the month collecting as much as we can of what is due us.

All this takes time. The familiar "busy practitioner" has no leisure for, and grows to have no interest in, the larger affairs of life. His practice absorbs his whole attention, and, occupied in his efforts to cure disease, he too frequently forgets his still higher duty, which is to prevent disease. Striving to mitigate the sufferings of the comparatively few who come under his personal care, he loses sight of that greater obligation which requires him to devote his best thought and skill to the promotion of the physical and, indirectly, the moral integrity of the countless thousands of the race whose welfare it is as much his duty to protect as it is to protect that of his immediate charges from day to day.

My plea is that it is the imperative duty of the medical profession to take more active interest in all matters that pertain to public health, and I hope to show that such interest can do much toward correcting many abuses and remedying many defects which now menace the public welfare.

To treat this important subject merely in the abstract would not, it seems to me, be sufficiently impressive, and brief mention of a few of the existing evils in our own city will better serve to indicate the character and extent of the reform needed.

Some one has said that sentiment is one of the noblest attributes of mankind, and it might be added that the noblest sentiment is that which entwines its roots about the home and family circle.

One of the most serious and responsible duties falling to the medical man is the care and protection of the children. During infancy and early childhood the parents and family physician can watch over their individual welfare; sooner or later the proud but sad hour arrives when they are sent to school, and for a decade or more their well-being intrusted in great measure to strangers. Most of them go to the public schools, and no interests are so close to the hearts of the



people as the public school interests. The welfare of the schools is the welfare of the children. Whatever affects the one affects directly the other.

We have placed these interests, the dearest to our hearts and homes, in the keeping of an organized board composed of those who, presumably, are devoted solely to the good of the rising generation ; who are unselfishly to exercise constant care and watchfulness over not only the mental development, but also the physical well-being of our offspring, and this without fear or favor or hope of reward except the appreciation of a grateful public and the consciousness of duty well performed.

Such a school board is as it should be, but, sad to say, not at all as it is.

On the contrary, it is my clear conviction that to-day the Boston School Board, in the matters of political intrigue and official incapacity, cannot be paralleled by any department of the municipal government.

Efforts at reform and attempts at rescue from politics have from time to time been made. It was hoped that the so-called "Independent Women Voters" would effect improvement, but this organization, I am told, is at present merely an appendage of the Republican party.

Neither does the more recent "Public School Association" seem to be entirely free from political thralldom ; in the list of members submitted to me I find the names of many party leaders and well-known ward politicians, and in the two years of its existence it has apparently accomplished nothing of importance. What can we expect in the way of honest effort from a man who, that he may aid in securing a license for one of his rum-selling constituents, attempts to have constructed a fence through a school yard in order to compel entrance from a side street, and thus evade the four hundred feet law ?

This was done within two months by a member of the Boston School Board, and there is reason to think that his attempt might have been successful if, in his haste, he had not neglected to obtain the support of his fellows.

The character of this political body is further indicated by the appointments of its sub-committees, in the consideration of which the question of qualification does not seem to enter so much as the question whether or not the member has interest, directly or indirectly, in lumber firms, publishing houses, etc.

There are, no doubt, those on the Board whose honesty of purpose is beyond question; but they are, I fear, in the minority, and even with these all freedom of judgment and action seems hampered by party obligations and the necessity for trading votes in the meetings of the Board.

As one more or less honest member complains, "I am frequently obliged to support measures I know to be wrong in order to secure what is necessary for my district."

Unconditional submission to partisan demands and the wishes of the Board majority is required under penalty of losing all influence, and becoming in countless ways the victim of executive vengeance.

The notoriously unsanitary condition of many of our school buildings in the matters of drainage, light, heat, and ventilation has been brought to the public attention too frequently to need recapitulation. The mere mention of these defects has not been sufficient to cause them to be remedied. Organized remonstrance is a necessity.

Not long since there appeared in the public prints a statement by the present head of the School Board that Boston was fast becoming a city of degenerates, which opinion was based upon the alleged incapacity of the children for sustained study or adequate acquirement. If the diagnosis of degeneracy had been made upon the symptom of precocity it might have been entitled to more consideration, for to-day the public school curriculum is more severe, the hours of required study longer, and the age of graduation younger than ever before. If it is true that we are threatened with impending degeneracy, how much may this sad state of affairs be due to the process of indiscriminate forcing now in vogue? Surely the present method of grading is far from perfect, and is capable of much improvement.

Of measures which have been introduced into the public schools, perhaps with the best intention, but which to the medical mind seem undesirable and unsafe, I will only mention the present system of the city supplying all the text-books used and discouraging private ownership. This system was no doubt inaugurated through the most philanthropic motives, but it seems to me pernicious. To be sure, all books which have been subjected to contagious disease, or which in the judgment of the teachers are unfit for use, are supposed to be withdrawn; but there can be no doubt that many such escape their vigilance, and passing from one pupil to another are the vehicles for contagion.

For example, here is a geography which to my knowledge has been in use in its present condition since last October, and which for general filth and decrepitude cannot be surpassed as a culture medium for all sorts of germs. Its covers are loose and torn, and so soiled and defaced that the title is scarcely legible; its leaves are tattered and dirty with smears of various kinds and colors, and when it is exposed for a few minutes to the heat of a steam radiator, there arises from it a positively sickening odor.

This book and others like it have been passed from class to class, and as their decrepit condition apparently excites no pity, they seem likely to go on indefinitely, disseminating knowledge and disease. That our children should be allowed to handle such filth-laden text-books is outrageous; that they should be compelled by custom or rule to use them every day is monstrous.

It would seem reasonable to suppose that the Board of Health might assist the School Board in this and similar matters, but unfortunately, the two bodies do not often seem inclined to work together harmoniously; and although Boards of Health are not elected at the polls, they are sometimes made in curious ways not always for the benefit of the service, as witness the recent rumored removal from office of a member of the Boston Board, who, it is said, has retained his position for twenty years "because he is a Democrat," and is now deposed for the same reason, to make place for



a man whose chief qualifications as a guardian of the public health, as so far offered, are that he is a Republican and a Grand Army man.

Nevertheless, I believe that the various Boards of Health of the State are, as a rule, composed of competent and thoroughly conscientious men; but, like all government departments, their work becomes a matter of routine, and their duties are so numerous that they are obliged, in the large cities at least, to depend largely for their reports and detail work upon unskilled employees, who, too frequently through ignorance, lack of interest, love of ease or other motive, slight or utterly neglect the duties they are expected to perform.

An instance of such neglect was brought to my notice not long since.

At the beginning of the present school year it became necessary to place one of the grammar schools of this city in temporary quarters. Owing to the negligence of the School Board, the building selected was not put in sanitary condition, and at the instigation of several physicians, the Board of Health was requested to make an examination of the premises. In due time the inspector reported that the earthen drain pipe in the cellar was not in accordance with the law, and recommended that it be replaced by an iron one, utterly ignoring the fact that that same cellar was packed throughout its extent with at least three feet of ashes, mixed with *débris* of every kind, including decaying vegetable matter, the accumulation of ten years, to say nothing of numerous sanitary defects of minor character. Concerted action by the physicians interested and the threat to withdraw from the school all the children under their care were necessary in order to secure the cleansing and ventilation of the cellar, and anything approaching proper sanitation in that building.

The same earnest effort by parents and physicians has been made necessary in several other instances by similar official negligence.

Individual condemnation is of no avail. Organized and

vigorous protest and the aid of the press afford the only hope of relief.

In a grammar school of the Roxbury district there are, I am told, six teachers suffering from debility, irregular fever, glandular swelling, and other symptoms of toxæmia. Their several physicians attribute their ill health to the unsanitary condition of the schoolhouse in which they are obliged to spend five or six hours each day. Yet their physicians have made no concerted movement to have these sanitary defects corrected, or to close the school, and therefore nothing has been done.

It is not enough that we warn our patients of a danger which the exigencies of their daily life make it impossible for them to avoid. It is our duty to remove that danger, and we can accomplish this only by means of organized action. Has any effort in this direction ever been made by the medical profession?

A prolific source of danger to the public health is the overcrowded street car. Every day, during the busiest hours of travel, hundreds of these cars are loaded with eighty or more people each. Into this poorly ventilated space, intended for less than half that number, these men and women are packed, body to body, breath to breath, compelled to breathe air contaminated by exhalations which are reeking with rum, tobacco, and disease. Can any one doubt that this is a potent means of moral and physical contagion, and the frequent cause of many conditions of ill health, characterized by malaise, prostration, and malnutrition? Yet no attempt has been made to secure the needed legislation to compel railroad companies to limit the number of passengers a car shall contain.

Another needed reform is in the matter of the present inefficient disinfection of houses in which contagious disease has occurred.

Thousands of dollars are spent annually in the farcical performance of incompletely disinfecting a house while the inmates still inhabit it. One or two apartments in which the patient and attendants are supposed to have been iso-

lated are selected for fumigation. Such isolation is necessarily imperfect in private families, and the hallways and other inhabited portions of the house are as likely to afford lodgment for disease germs as the rooms selected for fumigation.

We each of us know that this method is entirely ineffectual, and yet it is followed year after year without protest or public comment, and the spread of disease through the community is checked only slightly, if at all. Are we true to our obligation when we keep silent on this subject?

Again, will some one inform me by whose order the ashmen are forbidden to remove anything but "clean" ashes from private residences, and refuse to collect any of the miscellaneous waste matter which accumulates in every household? Why should the citizens of Boston be restricted in their house-cleaning to the first week in May, and be encouraged to hoard their household filth in damp cellars, until at the appointed time the year's accumulation is thrust out all at once onto the street, that the people may breathe pestilence for at least a week? To the thinking medical mind this method does not seem to be conducive to personal cleanliness or public health, and should be corrected.

Such are a few of the menaces to public health. Doubtless many others will suggest themselves to you, but these are sufficient for my purpose, which is not to attack our public servants, but to excite your interest in matters which properly come within your province.

The long-continued existence of these evils indicates official inattention on the part of those upon whom we depend in such matters, and is sufficient evidence of the necessity for the stimulus of some powerful outside influence which shall not only point out the existing errors, but by popular appeal compel action by the authorities.

I believe that such an influence can best be exerted by the medical profession, and I appeal to this society to inaugurate a movement in this direction.

In furtherance of this object I would recommend that the Executive Committee appoint at its next meeting a Committee on Public Health, to consist of ten members of this



society, with an advisory council composed of five journalists and five members of the legal profession.

Such a committee should wield an influence so potent that its recommendations could not be ignored or set aside by any political body or individual official, and its efforts must inevitably work for the welfare of the Commonwealth.

It is not expected to bring to pass a political millennium when all office holders will be honest and unselfish, when the word "politician" shall indicate one versed in the science of government and the art of governing, who concerns himself in public affairs from patriotism or public spirit, and not as at present, a word applied as an opprobrious epithet to one who devotes himself to a political party for his own profit or that of his friends.

With the shameless bartering of place and patronage, with the reckless expenditure of public funds, we may not concern ourselves; but so long as such vital interests as the health of the people are placed in the hands of selfish and unscrupulous politicians, so long there will be necessity for organized vigilance on the part of the medical profession who are the natural guardians of such interests.

And now, fellow members of the Massachusetts Homœopathic Medical Society, in retiring from office after twelve years' continuous service, permit me to once again express my grateful appreciation of your ever kindly and courteous treatment, of your encouragement of my work, your leniency with my mistakes.

May this grand old society continue to be ever in the vanguard of scientific progress and good works, and may its beneficent influence extend far beyond the confines of individual or sect, reaching that broad humanity to which is due the greater obligation of the physician!

## ON THE HOMŒOPATHIC TREATMENT OF DYS-MENORRHEA.

BY WALTER WESSELHOEFT, M.D.

[*Read before the Boston Homœopathic Medical Society.*]

The title of the fragmentary remarks I venture to offer to-night sufficiently indicates the scope of my subject. While homœopathic treatment may be applied to all forms of dysmenorrhea, save those of mechanical origin, its true sphere is plainly limited to those cases in which neither surgical nor other more common gynecological procedures are indicated; and to those as well in which dietetic, hygienic, hydro-therapeutic, and electrical agents have proved unavailing. In the great majority of all cases coming so constantly under the observation of the general practitioner, due attention to general health, to the removal of disturbing causes, the correcting of complicating affections and of pernicious habits offer ample means of remedying the evil without the need of resorting to long and laborious medication.

But a class of cases remains of a character so intractable that unless we are willing to lapse into the destructive method or rather routine of mere palliation by means of morphine, we have no resource but the most careful study of our materia medica. Some ten years ago I was able to point to no less than six cases of hopeless morphinism induced by the use of suppositories, hypodermic injections, or morphine in powder or tablet form used in dysmenorrhea, under professional advice; and since then I have become aware of as many more cases, from my immediate neighborhood, now confined in public and private asylums. In fact, it is my conviction that the majority of cases of morphinism and alcoholism among women have their origin in the use of the common palliatives prescribed by physicians for painful menstruation of the purely functional variety.

It is to this form of the disease, then, that I beg to ask your attention. But before speaking of the homœopathic therapeutics I cannot refrain from saying a word in regard

to the etiology of the disease. In looking over my experience in this field I am led to the conclusion that the worst cases occur in otherwise healthy women, whose development has been checked mainly in one direction, that of the organs of reproduction. We all know that heredity plays an important part in this affection. Dysmenorrhœic mothers are even more apt to transmit their painful menstrual tendencies to their daughters than myopic parents their visual defects; and in two cases it has come to my knowledge that fathers born of mothers who suffered from severe functional dysmenorrhea had daughters afflicted with the same misery. But my limited observation here will warrant no more than the mere mention of this fact.

The fact I wish to emphasize is this, that the disease is apt to assume its most unyielding form in girls of an active nervous temperament, with either imperfect mammary development or narrow pelvis, as shown by short inter-cristal and inter-spinous diameters or other indications of early rickets. In fact, I think it may be said that what the high palatal arch is to the boy with its concomitants, the narrow pelvis with its functional and structural anomalies is to the girl.

As yet, such etiological observations may be thought to have no direct bearing on homœopathic treatment, if in prescribing we adhere rigidly to symptom covering. But in time, as our provings take a wider range, or rather, let me say, a more exact form, it is highly probable that both hereditary and acquired deviations from the normal will aid in a much greater degree than they do now in determining the relation, not only of drugs to individual cases, but, as I venture to hope, to classes of cases.

It may seem heretical to even hope for such a boon, but until we find some such short cut to the simillimum as the study of constitutions, the difficulties in the way of the ready and satisfactory homœopathic treatment of cases like these we are discussing, which occupy that wide and undefined borderland between health and disease, will remain as perplexing and uncertain as they are at present. As I said



before, I do not find among my most trying cases of functional dysmenorrhea a single one occurring in a well-developed woman, and on the other hand, I do not find the disease in this aggravated form to occur in sickly or otherwise diseased subjects. My worst cases have been, with one exception, in slender, energetic, ambitious girls, of a neurotic type, but well between the periods. The exception was that of a plump, somewhat phlegmatic individual, but of dwarf-like stature. The brunettes, I believe, are apt to suffer most. I do not say that severe cases of dysmenorrhea do not occur in well-developed women, but it has not been my lot to see the more uncomplicated and intractable cases among this class, although here uterine affections, menstrual irregularities, ovarian and other pelvic disorders are sufficiently common. But these in by far the great majority of instances are either acquired or secondary lesions, not depending on a constitutional predisposition; and yielding generally to hygienic or to local therapeutic measures.

I give this as the result of my private experience and do not presume to generalize from such limited data. But in looking over the literature of the subject I find some confirmation of my views among observers able to overlook a wider field. And it is in this way that I have found it possible to approach the treatment of these cases with the reasonable hope of success, notwithstanding a large proportion of failures, without resorting to palliatives or otherwise departing from strictly homœopathic principles. Indeed, in the cases I have selected from my experience, every other general and local measure had been used without avail, so that no temptation existed to use any other than homœopathic medication.

In order to obtain a reasonable oversight of the cases, which on account of their severity and obstinacy have left an impression on my mind, which goes with me for experience, I have been at the pains to select and tabulate nine of the most severe type, treated during the past six years, which besides their severity had certain characters in common. All were practically well in the interval, with the

exception of the nervous erethism engendered by the monthly suffering and the dread of its recurrence. All, with two exceptions, had been curetted, three had had additional operations; one for the correction of a partial retroversion, one a triangular piece cut from the cervix to simulate the laceration caused by childbirth, one forcible dilatation. In six the menses were copious; in one, profuse; in two, scanty. In all either reflex convulsions or reflex vomiting of a distressing character occurred; and in all headaches, either congestive or neuralgic, were the invariable accompaniment of the period. Leucorrhea was absent in all save two, in which it was trifling, whitish, not constant. In one of these the menses came at varying intervals—usually from three to four days late. In all the others they appeared regularly in twenty-six or twenty-eight days, anticipating only in one case, where they came in three weeks instead of in twenty-eight days, as they had done before the dysmenorrhea developed.

The pelvic pains varied in certain details of position, time of coming and going, duration, intensity and character; none were of the cramp or labor-like variety, but persistent, sharp, neuralgic, and in front rather than at the back. All the cases, without exception, had this in common, that they originated from nervous overstrain. Four of the women were college students, the others all engaged in occupations demanding close application, and in all, the disorder developed during the school or college days, when studying for examinations or after other close, persistent, and anxious brain work. They had all had much and varied treatment. One patient—the only married one among them all—had been in the hands of gynecologists for sixteen years. In all the suffering was very great and of a character and duration to rob them of more than one fourth of the usefulness and enjoyment of their existence, and to materially lessen the fulness of the other three fourths.

Now I am aware that these details will serve but imperfectly in establishing the indications on which to prescribe homœopathically; and yet the study of all difficult cases

for purposes of drug diagnosis must include of necessity many general features. Among these the etiological ones appear to me the most important — far more important than the consideration of individual symptoms, whether objective or subjective.

We are dealing here with chronic conditions or states of the organism, manifesting themselves periodically under the regular reappearance of a normal function, mainly in the form of acute suffering. If it were not for the pain all the other symptoms would hardly prompt the patients to apply for treatment. And yet I venture to think that the study of the pains in all their characteristics, concomitants, and modalities will not enable us to find the curative, or if we may make the distinction here, the palliative drug. It is to my mind the study of the individual case in all its details between the attacks of pain which will lead to the best results. And if we do this in many cases we shall, in the end, be able to classify them by their more fixed and readily ascertainable correspondences, until we establish a certain type which in its main features will point to a limited number or class of remedies. These more fixed, general features constituting the type of cases will be found to be not hereditary but acquired peculiarities, or if hereditary, aggravated by the accident of environment or faulty mode of life. Heredity, therefore, while it unquestionably adds to the predisposition to the painful performance of the menstrual function, is not its cause nor is it an insuperable obstacle to cure or improvement.

We are unable to influence by medicines permanent structural and even functional conditions, but the recuperative forces of the organism, if assisted in the right direction, are able to overcome, in time, under favoring conditions, no inconsiderable number of those disorders to which permanent deviation from the structure and function predispose. The more pronounced and definable these disorders are, the more they show themselves to be part and parcel of the general character or constitution of the patient, the greater will be their value as indications for a particular medicine or class of medicines.



In saying this I do not lose sight of the fact that so striking a symptom or feature of the disease as the pain, with all its peculiarities, may constitute the fullest expression of the more general character of the case, but I am persuaded that we are too apt to attach undue importance to the accident of the suffering. To the patient this is the one central fact to which all other features of the case are secondary and of minor importance, and, as I mentioned before, it is certain that this alone is the evil which prompts the demand for relief. But if we view it from the professional standpoint, it is plain that it is no more than the result of conditions constantly present during the intervals between the periods, but heightened to the point of suffering by the appearance of this function. To discover those conditions, therefore, to note them in their modes of manifestation as symptoms, and symptoms of a constitutional lesion, appears to me the most direct path towards the establishment of indications for our remedies.

I have no wish to open up here the question of the value of one or the other class of symptoms as the only true indications, but it seems to me that what I have said is only another way of expressing Hahnemann's plainest and most irrefragable proposition, that to remove *all the symptoms* of a disease is to remove the disease. In dysmenorrhea the suffering is too generally supposed to constitute the disease. In fact, we are misled too much by a nosological term or abstraction, if we dwell unduly on the acute suffering, as we are in treating other forms of neuralgia, or of headaches, or the pains of rheumatism, of pleurisy, pneumonia, or for that matter, of any one pronounced symptom, which so often gives the name and constitutes the clinical character of a disease. I need not repeat here that to relieve the pain is not to remove the disease which causes it, nor is it necessary to remind you that in dysmenorrhea, above all other diseases, so called — headaches, perhaps, excepted — it is precisely the effort to relieve the pain or to remove one or the other of its more striking concomitants that fastens the primary disturbance most hopelessly upon the patient. Yet

I am only too well aware of all the difficulties in these cases of suffering and most natural impatience with suffering. We are prompted by a thousand considerations, which have no warrant either in science or in experience, to *do something*—and preach and admonish and study as we will, the pain and misery forever force themselves upon our attention.

But these reflections do not bring us to the main point under consideration, and unluckily for my thesis, I am not in a position to offer you the demonstration of its correctness in a large number of cases successfully treated. In fact, the nine cases I have selected and tabulated show no brilliant results. Out of the whole number I can claim only two as cured, three improved to such a degree as to enable the patients to pursue their vocations and get some enjoyment out of their existence, one slightly improved, and two utter failures. And I must add that all, with one exception, have been under my care at intervals from one to six years.

Nevertheless, I feel justified in laying them before you, and in making them the basis of the foregoing remarks, as well as of certain therapeutic conclusions, which follow mainly from the fact that absolutely no measures were resorted to in the treatment save those of drugs homœopathically indicated, according to the conception of homœopathic indications above enunciated. I beg you to remember that all the cases were of the most aggravated and inveterate character, and had been under the most active and advanced gynecological treatment—operative and other—without the least benefit; in fact, I can state positively, with no other than the most adverse results. To have gained ever so little in cases of this character, by rigidly homœopathic measures, while no cause for boasting, is, I venture to think, of clinical interest and a reasonable ground for hopeful adherence to our principles.

My study of these cases along the lines I have stated has led me to a limited number of remedies, and these, for the most part, are the metals. In plumbum, ferrum, platinum, and cuprum I have found my main resources. One case, and one of the most hopeless ones in appearance, was

distinctly benefited by phosphorus and later by phosphoric acid.

It would lead too far, and it is not within the lines laid down by your bureau, to study each case in detail in relation to all the medicines tried with or without benefit. At some future time I hope, however, to work over the precise indications on which those medicines were given, after which followed such improvement as I may justly attribute to their action. The main point is not so much to find a remedy for dysmenorrhea, but rather to reach some conclusion in regard to the most definite indications for remedies or, possibly, for a class of remedies. The truth does not lie in a single fact or any number of disconnected facts, but in the method or manner by which we establish facts and bring them into observable connection with each other. My way has been to study the constitutions of these patients and to note the more abiding conditions characteristic of each case; and thus I have been led, for instance, to select copper in cases attended with anæmia, which had not yielded to the abundant iron which had been previously administered by others. But it was an anæmia accompanied by a rapidly exhausted vitality from mental or other effort, a condition by no means peculiar to all anæemics, since many of these are able to sustain no little bodily or mental exertion without undue exhaustion. A further condition pointing to cuprum is the headache so often present with dysmenorrhea — usually neuralgic, one-sided, with nausea and excessive wrenching and vomiting, coldness of extremities, numbness, and, finally, the distinct tendency to cramps and spasms. It is this tendency to spasmodic contractions on which I am disposed to lay stress, rather than on the character of the pain attending it or the manner and time of its occurrence. What appears to me of special interest in regard to this remedy is the fact that the improvement following its use has shown itself, not only in the general condition, but in a distinct lessening of the monthly suffering, notwithstanding the absence of all recorded pelvic or uterine symptoms under cuprum in Allen's *Encyclopædia*.



In studying plumbum, ferrum, platinum in the same way, I have been able to effect such good as I have mentioned with these substances; while nux, cocculus, chamomile, and other drugs, which, taken from the similarity of the pain and other pelvic symptoms, failed utterly to produce any effect.

I cannot close without the mention of my phosphorus case, which I believe illustrates more fully than any of the others that method of selecting drugs, so often advocated before, which is founded on the interpretation of symptoms as the expression of certain constitutional conditions. The case was that of an unmarried woman, aged twenty-eight, who, despite her monthly suffering, and the weakness and long disability attending it, was under the necessity of completing her college course with high marks in order to obtain a promised position as teacher. In her eagerness to be well, she had submitted to long-continued and severe gynecological treatment, until utterly discouraged by its failure and by the depression and misery it produced. For three months I exhausted all my resources of diet, regimen, bathing, without effect other than that following from the discontinuance of the local treatment, douches, suppositories, etc. Platinum, despite its imperfect pathogenesis, appeared to be the remedy, but had no effect. The menses were scanty, too early, but lasting eight to ten days — often brownish and offensive. Nosebleed, not profuse, but persistent, a frequent symptom after headaches brought on by study during weakness after the periods. Frequent bleeding of the gums: all plainly capillary hemorrhages. In addition, and equally marked, were abdominal distention, with flatulency in its most distressing forms; irregular bowels, mostly diarrhœic stools, often with blood, scanty, high-colored urine, and cystic catarrh. After a fortnight of phosphorus 3d the period, for the first time in several years, passed off with moderate pain, and nearly at the right time, and flatulency, the tendency to capillary hemorrhages, and the cystic catarrh diminished in a marked degree. After passing her final examinations all the symptoms increased again and continued with the old severity, despite the further

exhibition of phosphorus in different attenuations, but yielded once more to phosphoric acid so far that the patient is able to fill the position of an overworked teacher without the constant fear of breaking down.

Here again, it was not the uterine or pelvic symptoms which led to the selection of the drug. How much more might have been gained by studying these and other individual symptoms I will not presume to judge.

#### DISCUSSION.

Dr. F. P. Batchelder: One or two cases I want to mention; also two remedies entirely outside of those suggested. One case was that of a mother of three children, who did her own housework. She did not suffer from dysmenorrhea, but from excruciating headaches at that time. On going over the ground I found that it was a Sanguinaria headache. The patient followed my advice as far as possible. I gave her Sanguinaria, but not large doses, one or two during the interim, once an hour just before and when the headaches came on. Though she was not cured, she was so much better she did not fear the headache or pain any more. Another case was that of a Wellesley student, entered at the hospital for an operation, and placed under my care for observation. The menses came on and she was in excruciating pain. Viburnum I found was her remedy, and I gave it to her in hot water, with the result that the flow was established and she had a more comfortable time than for years. I have had some failures, but more partial successes.

Dr. Gay: I want to thank Dr. Wesselhoeft for emphasizing the fact that in relieving the pain we are treating only a symptom. All my success has been in finding the cause. I agree with Dr. Batchelder that the most effective remedy is viburnum 3 x taken every two hours the day before, and, after time of beginning, every hour, in hot water. I always like very much to have them send for me during the attacks of pain and to have them use hot enema the morning before they expect to be sick, also to take sitz baths. In taking

each case and individualizing it and finding the cause, I am able to treat it successfully.

Dr. Jones: The remedies I have found most useful in treatment of dysmenorrhea have been belladonna, pulsatilla, and viburnum. I have found viburnum very useful in spasmodic or menstrual colic.

Dr. Powers: I do not know that I have much of value in my experience to give the society. If I were to judge from my own experience and I had only two remedies, I should take belladonna and virburnum. I do not say that they will cure all cases. In married women I make an examination to see if there is any local trouble causing the symptom. I can report cases from my own experience that no remedy will cure. The first prescription is not always successful. After I have examined the patient more, and after two or three periods have passed, a remedy comes to my mind. Viburnum has served me in more cases than any other remedy. I make my prescription the last thing, after I have learned all I can from examination and observation.

Dr. Wesselhoeft: Viburnum relieves. I do not believe there is any functional disease which possesses such a specific for the pain, but in the majority of cases I do not think it is curative for the conditions which cause the pain. Every one of my cases had had viburnum. It is strange that the pain of menstruation has its specific in viburnum, but the actual conditions I believe to be rarely removed by the medicine.

Dr. Whitmarsh: It is very rarely indeed that in any number of cases of dysmenorrhea I am unable to find something that will relieve in some measure the individual occurrence of painful menstruation, but my experience has been that, so far as absolute cures are concerned, I am not sure that I can mention a single case. It is very interesting to observe that the surgeons are confessing the same thing. In a recent paper, I chance to read, the confession is made that the mechanical measures accomplish palliation for a time, but do not accomplish cures.

Dr. Halsey: I feel that as homœopathic physicians we



should all of us have had a good deal of experience in the use of homœopathic remedies, and I believe that the majority of us have been able to accomplish a great deal of relief to a vast number of persons suffering with dysmenorrhea by the use of homœopathic remedies. I jotted down three or four of the remedies, as I believe this is a sort of experience meeting regarding remedies that we have had the best success with and the symptoms. I have hardly been able to differentiate belladonna and gelsemium. Cimicifuga has labor-like pains. Pulsatilla I used to think only applicable to blondes, as the text-books all say, but I have been able a great many times to relieve brunettes with pulsatilla. Viburnum is also one of the most valuable remedies for the pains of dysmenorrhea and also in cases of threatened abortion. I remember two or three very severe cases of that kind in my country practice, where I was able to carry a woman through to confinement by the use of this remedy alone. She suffered terrible pain and abortion was feared. One patient had had three miscarriages. By the use of viburnum I was able to stop the pains within an hour after they came on and the woman went her full term and was delivered of a living child.

Dr. Allen: My experience has been quite similar to many of the previous speakers, and I have used more especially viburnum. One case in particular I recollect; that of a young lady twenty-three years of age, who had suffered attacks of dysmenorrhea every menstrual period since she could remember. These attacks would confine her to her bed the greater part of twenty-four hours. She was given viburnum tincture between the periods and just before the period was due the remedy was given very frequently. She now passes her menstrual periods with comfort. Many times she does not take the remedy at all, but has it on hand in case the pain should require it. I have used viburnum in two cases of threatened abortion, where it stopped the pain and the cases went on to full term.

I have also used gelsemium with good results in a few cases,—one recently where the menses had been stopped

through exposure, with colicky pain in abdomen, bearing-down pains, headache, and other symptoms characteristic of the remedy.

*Cimicifuga* has served me well in cases of retarded menses, with the bearing-down pains which indicate the remedy.

Dr. Powers: It reminds me of an experience which may possibly be useful to the other members. It was in the first of my experience, and I was caring for Dr. Coffin's patients while he was in New York. He told me a lady would call me during the menstrual period. She was of a neurotic type, and because of menstrual pains was an invalid during the whole time. The pain was most intense when it came on, simulating labor. Her husband came to the office and wished I would call to see his wife. Dr. Coffin had told me his treatment, and I went to the residence. All of a sudden she made an exclamation of some sort; her face turned livid and she looked as if she would fall, called to her husband for support, and for three minutes seemed hardly to breathe. I almost thought I had given her some poison and had to assure myself. I found that her husband was not alarmed, and that these attacks came on frequently during the night. Gave twenty-drop doses of *cimicifuga*, which hastened the flow. She suffered two or three days before the flow came on and it lasted certainly a week.

Dr. Barnes: I wish to emphasize one point, giving the remedy in hot water, and, if possible, enforce quiet and rest. I have been most successful with *aconite*, and it has worked admirably in some cases. As to measures outside of remedies, I would lay stress on keeping the feet and ankles warm and dry.

Dr. Southwick: One remedy has not been mentioned. A case which had proved very persistent; had originated some twelve years previous from sitting on a cold stone during recess at school. There was coldness of abdomen, constipation after the period, and pain only partially relieved by the flow. Pain always is left side with much aching and soreness, usually worse mornings, hands and feet cold, nausea and vomiting. She was a girl of thin, spare habit and of

pronounced nervous temperament. It did not work magic at once; there was moderate success at the first period and steady improvement continued during successive periods. Now for six or seven years she has hardly been obliged to go to bed. There was no local treatment, and I believe in that case *Secale cor.* proved a curative remedy. *Xanthoxylene* I have found in several cases to be a reliable remedy for severe pain in the left side of the pelvis, extending down the left thigh to the knee. It has cured absolutely several cases. In my experience *viburnum* has been successful the first two or three times, but after that not of so much use. The past year or two a new preparation of the American ash has been used, and we have had three or four cases very much benefited by it.

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## **TWO CASES OF EXOPHTHALMIC GOITRE TREATED IN DR. RICHARDSON'S CLINIC IN THE NERVOUS DEPARTMENT OF THE DISPENSARY.**

BY ELLEN HUTCHINSON GAY, M.D.

The terms "Graves' disease," "Basedow's disease," and "exophthalmic goitre" are synonymous. Exophthalmic goitre is the most modern name for this form of nervous disease. Every physician knows there are two forms of goitre, but many ignore this fact in treatment.

Ordinary simple goitre is generally curable by remedies or operation. Exophthalmic goitre is most stubborn and erratic in yielding to remedies and is non-operative. Simple goitre is an enlargement of the thyroid gland. Exophthalmic goitre is characterized by enlargement of the thyroid gland, palpitation of the heart, protrusion of the eyeballs, and a great variety of nervous symptoms. It is generally considered a disease of the sympathetic system, especially the cervical ganglia. The predisposing causes are youth, female sex, nervous temperament, nervous shock, and a blow upon the head. The enlargement of the thyroid is



due to dilated blood vessels. A peculiar bruit may be felt by placing the hand over the thyroid before enlargement is observable. The prominent eyeballs are due to dilatation of the blood vessels back of the orbits, increase of fatty tissue, and degeneration of the muscles of the eye which allow the eyeballs to protrude. The protrusion is often bilateral, pupils unequally dilated, and in extreme cases there is inability to completely close the lids. Authorities say that vision is unimpaired, but I have found an exception to this rule in one case.

The symptom that is first noticed by the patient is occasional palpitation of the heart. As the disease progresses the pulse rate increases until it reaches as high as 150 per minute. Palpitation is now constant. Cramp-like pains are in the cardiac region and pain down the arms.

The nervous tension caused by the violent heart action brings on many symptoms, as a rushing, throbbing sensation in the head, often much headache, especially in the occiput, trembling of the hands, and frequently a constant tremor of the whole body. The patient is exhausted by this constant tense strain. Mental symptoms are anxiety, melancholia, and occasionally mania.

The skin is usually brown, and brown patches are often on the body. The appearance is anæmic, appetite poor, or there is excessive hunger and sleep is not restful.

The prognosis is, that cures are in some cases possible, that the course is chronic, and that death may occur from heart failure and acute mania.

At the dispensary recently two patients have been treated for this disease that were typical cases, and it seems worth while to chronicle the treatment and result. The treatment continued at irregular intervals for six months.

Case 1. Mrs. K., age forty-eight. Housewife; there is a family history of one sister dying of cancer, another of consumption. Menstruation regular, but slight and brown in color. Had typhoid fever twenty years ago and nervous prostration for last six months. Never knew she had goitre until so diagnosed at the dispensary at this time.

Weight 118 pounds. Very anæmic in appearance, skin brown. Thyroid gland enlarged on right side for three years. Eyeballs prominent. Violent palpitation; pulse 148 per minute. Constant pain in cardiac region and pain in both arms. At times the cardiac pain is unbearable. Food distresses stomach; much flatulence. Feels as if struck on the vertex. Much occipital pain. Bowels loose, from four to ten stools daily; this condition chronic. Tongue very dry. Very excitable, must move constantly. Exhausted by pain and nervous tension. Despairing over condition.

This patient was given Arsenicum, Spigelia, and Digitalis before Veratrum Album 3 x was tried. From the time of this drug being taken there was marked improvement.

The galvanic current was given once a week, the positive pole on the cervical region of the spine, and the negative pole in the subauricular fossa. The electrode on the spine was large and flat, and the electrode in the subauricular fossa small.

This patient was very susceptible to the electricity and could bear but three milliamperes. The treatment was given for six minutes on each side of the neck.

The present condition of this patient is that the size of the neck has decreased one inch, the nervous irritability has improved so as to be scarcely observed by herself, cardiac pain not constant, but occasional slight attacks, protrusion of eyeballs not noticeable, eyes natural in appearance, two stools daily, normal in character, appetite good, weight increased to 130 pounds. She is very cheerful and very grateful for the improvement.

Case 2 was Mrs. H. This patient's disease was diagnosed by Case 1 while both were awaiting admission to the clinic. Age thirty-six, and is a bookkeeper. Family history negative. Five years ago noticed goitre and three months ago eyeballs began to markedly increase in prominence. Neck measures thirteen inches, pulse 129 per minute, very hard to count because of excessive nervous tremor, difficult to articulate because of this excessive shivering. For nine years has had loose, usually painless stools on an average of ten

stools daily. Good deal of nausea ; food distresses stomach. Has nervous, hot flushes. Menstruation normal. Dark blue patches on lower limbs. Eyelids puffy. Left eyeball more prominent than right and left pupil much more dilated. Much pain in eyes and sight diminished. The direct cause was grief.

This patient had been treated for two years for this condition. At the hands of a homœopathic physician she received remedies and the Faradic current directly on the thyroid gland. After six months receiving no help, she called in an allopathic physician to allay an attack of excruciating cardiac pain. She continued under his care three months, taking the thyroid gland treatment, five grains three times a day for six weeks. The size of the neck diminished, but the eyeballs suddenly increased in prominence, eyesight began to fail, and the heart symptoms were more pronounced.

Then she came to the dispensary. She was very much discouraged, melancholy, and emotional. The nervous tension was so great as to excite pity.

The treatment was the same as in the first case. The galvanic current was given for six minutes, eight to ten milliampères in strength. The diarrhœa was immediately helped by *Veratrum Album* 3 x.

At the present time this patient has increased in weight from 105 pounds to 124 pounds, the measurement of neck has decreased from thirteen to twelve and a quarter inches. The bowels move on an average of twice daily, with occasional diarrhœa from cold or indiscretion in eating. There is no tremor. Pulse 72 per minute. Appearance healthy, the brown-colored skin giving place to something like red.

Hahnemann in 1812 published a memoir entitled "*Dissertio historico medica de helleborismo veratrun.*" This memoir, so full of facts, if not one of the most useful, is at least one of the most curious documents which he has left us.

Goitre is among the many diseases mentioned as curable by this remedy, and to one studying *Veratrum Album* a striking analogy will be observed between its effects and the symptoms of exophthalmic goitre.



## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month reports of societies and personal items *must be received by the 15th of the month preceding*.

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## THE PRESIDENT'S ADDRESS.

We recommend to our readers a most careful reading of the address of the retiring President of our State Society, delivered at the Annual Banquet, April 11, and a serious consideration of the facts and ideas therein set forth.

To the casual reader it might seem that the matters dealt with were too purely local in character to be of great general interest to the profession, but such is far from being the case. On the contrary, the local evidences of mismanagement and maladministration cited were but sharply drawn and vigorously and fearlessly expressed concrete illustrations of what, we believe, exists to a greater or less extent in nearly every town and city of our Commonwealth, *i. e.*, carelessness and incompetence, or both, on the part of those having in charge matters pertaining to the public health, and indifference on the part of school boards to the physical well-being of the children committed to their care.

For this condition of things, in any community, the physicians of that community, because they are physicians, are more responsible than any other class of citizens. We do not like to believe that physicians are not good citizens, we do not believe that as a rule they are bad citizens; but we do believe that many of us are *indifferent* citizens, and indifference to one's public duty in a government like ours is more dangerous than positive maliciousness.

In so far, then, as the physician neglects to publicly protest, in so far as he fails to teach his patients the necessity for reform and to stimulate them to demand, *absolutely regardless* of party or political preferences or obligations, efficiency and honesty on the part of those having public positions which touch at any point on the health of the community, in so far

we say, as he fails to do this, just so far is he false to his "higher obligation." We sincerely hope that Dr. Richardson's address will awaken us all to a fuller realization of the truth that above and beyond any duty we owe to any one patient is the duty we owe to all patients, to the community.

### THE MONUMENT FUND.

We learn from Dr. Strong that some progress is being made in the matter of raising the necessary fund for the completion of the Hahnemann Monument, a location for which has already been assigned, as will be seen from the communication from Dr. Smith of New York, published elsewhere in our present issue.

The response to Dr. Strong's appeal is by no means so spontaneous nor so rich in results as one could wish, yet nevertheless indicates that there are some among us who realize the gravity of the situation and are doing their best.

Drs. Budlong and Peck, of Providence, are kindly looking after the interests of the fund in Rhode Island, Dr. H. P. Cole, of Hartford, for the same in Connecticut, and Dr. Morrison, of Bar Harbor, in Maine. Mrs. George Westinghouse, of Pittsburg, Pa., has given one thousand dollars, and we learn that Mrs. I. T. Talbot is interested in soliciting among her own friends and those of her late lamented husband.

We regret to be obliged to say that Dr. Strong's efforts among our confrères of New Hampshire and Vermont have not as yet received even the courtesy of a reply.

We append a list of the contributions to date from Massachusetts and some from Maine.

Contributors to the Hahnemann Fund from Massachusetts :

Allen, E. E., Charlestown . . . . .	\$10.00
Appleton, Lucy (proceeds of concert), Boston . . . . .	84.00
Barstow, B. P., Kingston . . . . .	2.00
Bond, A. J., Adams . . . . .	2.00
Codman, Col. C. R., Boston . . . . .	25.00

Emery, W. N., Waltham . . . . .	\$5.00
Former contributors, \$1.00 each . . . . .	11.00
Hall, Charles B., Rockport . . . . .	5 00
Haynes, Mr. J. C., Boston . . . . .	25.00
Macdougall, Duncan, Haverhill . . . . .	5.00
Massachusetts Homœopathic Medical Society (second subscription, \$400.00 more conditionally) . . . .	300.00
Morey-Pearson, Mary, Boston . . . . .	1.00
Mulliner, Mary R., Boston . . . . .	5.00
Paine, N. Emmons, West Newton . . . . .	5.00
Percy, Fred. B., Brookline . . . . .	25.00
Richardson, F. C., Boston . . . . .	10.00
Rufer, Mr. J. B., Boston . . . . .	1.00
Russell, Col. Henry S., Boston . . . . .	25.00
Russell, Mrs. Henry S., Boston . . . . .	25.00
Southwick, George R., Boston . . . . .	10.00
Tupper, John D., Westport . . . . .	5.00
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Total,	\$586.00

## From Maine :

Cushman, Mary F., Castine . . . . .	5.00
Cushman, Mary F. (from friends) . . . . .	5.00
Lyford, W. A., Farmington . . . . .	5.00
Potter and Heath, Drs., Gardiner . . . . .	2.00
Titus, Emily N. (and friends) . . . . .	6.00

Sum total, April 21, \$609.00

Do not forget to send something, be it ever so little, this month to Dr. T. M. Strong, 176 Huntington Avenue, Boston, Mass.

### EDITORIAL NOTES AND COMMENTS.

The following notice will no doubt be of great interest to our readers :—

#### HAHNEMANN MONUMENT.

*Dear Doctor,*—We have the pleasure of advising you that “Scott’s Circle” has been selected as the site for the



Hahnemann Monument. This is at the intersection of Rhode Island and Massachusetts Avenues and Sixteenth Street, a few squares directly north of the White House, considered by the committee as one of the most eligible locations in Washington.

In the centre is the equestrian statue of General Scott, the representative of war. On the west stands the statue of Webster, facing the east, representing law and statesmanship. On the east will be erected the monument of Hahnemann, looking to the west, representing medicine and science.

The monument will be dedicated during the session of the Institute, beginning June 19.

HENRY M. SMITH, M.D.,  
APRIL, 1900. *Hahnemann Monument Committee.*

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## NOTES ON CURRENT RHINOLOGICAL AND LARYNGOLOGICAL LITERATURE.

BY GEORGE B. RICE, M.D.

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SOME CRITICAL AND DESULTORY REMARKS ON RECENT LARYNGOLOGICAL AND RHINOLOGICAL LITERATURE. By Jonathan Wright, M.D., Brooklyn, N. Y., April 7, 1900.

### TENTH PAPER.

This paper is of more than ordinary interest because it discusses the processes by which the tuberculous bacilli infect the tissues. The experiments of Cornet on guinea pigs are mentioned, in which the experimenter upholds his theory that tuberculous sputum in the form of dust is an important etiological factor in the production of human tuberculosis. Dr. Wright does not believe that these experiments justify the author's conclusions, or those of Flugge's, when they assert that tuberculosis can be easily conveyed to man by means of infected dust or mucus. He would emphasize the fact that human beings are, as a rule, immune to such infection. The experiments of Goodale, of Hendelsohn,

and of Hodenpyl are considered, in discussing the power of lymphoid tissue to absorb tuberculous bacilli. The stand is taken, that although we do know that hypertrophied lymphoid tissue is capable of such absorption, yet we do not know whether the power of normal lymph nodes to absorb these micro-organisms is greater or less than that of hypertrophied tissue.

The text-book statements of the functions of the tonsils are questioned. Dr. Wright believes that "the tonsils are pathological entities when they can be demonstrated clinically."

He says that we might as well speak of the function of corns as of tonsils.

Latent tuberculosis of the pharyngeal and faucial tonsils is a subject also mentioned. He writes of the investigations of Lewin, who found in microscopical examination of two hundred specimens evidence of tuberculosis in ten. Other authorities are quoted, whose investigations show about five per cent of all cases examined to have latent tuberculosis. This is thought an extremely low percentage when is considered the exposure to which this tonsillar tissue is subjected.

Dr. Wright's own observations cover 121 cases, and in these no bacilli, no tubercle, and no typical giant cells were found.

It would seem that this subject is well worth further study. Dr. Griffith, on examining sixty slides taken from twenty specimens of faucial, lingual, and pharyngeal tonsils, submitted by myself, found in one specimen of a faucial tonsil the tuberculous bacilli present in considerable numbers, and in another specimen of a pharyngeal tonsil positive evidence of latent tuberculosis.

ESOPHAGEAL STRICTURES TREATED BY ELECTROLYSIS. By J. Oscoe Chase, M.D., New York. *Journal of Electro-Therapeutics*, April, 1900.

This article gives a short résumé of the literature of the subject and concludes by presenting a case of sarcoma of the esophagus treated by this method with much temporary relief. The author makes this statement in opening his

paper: "I think nothing relative to this subject has been brought to the attention of this National Society of Electro-Therapeutics since Dr. King's able article presented in 1893."

As a matter of fact, to my knowledge there have been three articles written on the subject since 1897 — one of which, and I think two, were read before the National Electro-Therapeutic Society. These are the papers of H. C. Bennett, M.D., published in the *Electro-Therapeutic Journal*, October, 1898, and of Arthur G. Minshall, M.D., published in the *Philadelphia Medical Journal*, February 3, 1900, and an article by the writer of these notes, read before the Electro-Therapeutic Society, September 15, 1899, and published in the *NEW ENGLAND MEDICAL GAZETTE*, October, 1899.

ELECTROLYSIS IN HYPERTROPHIC RHINITIS. By T. M. Strong, M.D. *Homœopathic Eye, Ear, Nose, and Throat Journal*, March, 1900.

Dr. Strong gives in this paper his experience in about twenty cases with the bi-polar method of reducing hypertrophies of the turbinated bodies. The advantages shown over the cautery method were the preservation of the mucous membrane intact, the absence of slough, and the avoidance of the danger of synechiæ. The reaction is not as severe as in some cases where the electro-cautery is used, and in the majority of cases less; while the results are in the author's opinion as favorable.

THE ANTITOXIC AND SURGICAL TREATMENT OF DIPHTHERITIC LARYNGITIS. By Joseph Mullen, M.D. *The Therapeutic Gazette*, April 15, 1900.

The author states that with the introduction of antitoxine in his practice, the number of tracheotomies has fallen off, while the proportionate number of intubations has increased. An appeal is made for the use of larger doses of the serum in this disease. One of two methods should be observed, he believes: either give a large dose, say two thousand to four thousand units, and await results, or give a smaller dose of from one thousand to twenty-five hundred units at eight-hour



intervals, so long as may be necessary. All authorities agree, he further says, that the earlier the antitoxine is administered, the better the prognosis and the milder the clinical course of the disease.

Reports from the Metropolitan Asylum of Houston, Texas, show an increase of mortality of from 5.2 per cent when antitoxine is administered on the first day, to 31.7 per cent in those who come under treatment the fifth day of the disease.

Dr. Mullen interprets the appearance of the rash which sometimes follows the injections "as indicating a good prognosis and enhancement of the patient's chances for recovery." He has observed ten desperate cases in which recovery immediately followed the appearance of the eruption, and therefore it is believed that the eruption in these severe cases is unquestionably an evidence that an excess of antitoxine is being gotten rid of by the skin. The article concludes with a discussion of the relative merits of intubation and tracheotomy, in which the former is given marked preference when preceded by antitoxine injections.

ASSOCIATED NASAL AND OCULAR DISEASES. By C. Gurnee Fellows, M.D. *The Clinique*, April 17, 1900.

Dr. Fellows explains this relationship because of the direct supply of the fifth nerve to both regions and also through the sympathetic nervous system. Of the nasal conditions which can produce ocular disease are mentioned — hypertrophies of the turbinated bodies, polypi, inflammation of the sinuses, hay fever, herpes and the exanthemata, galvanocautery and all forms of operation, adenoids, hypertrophy of tonsils.

Eye diseases caused by intranasal conditions — epiphora, inflammation and suppuration of the lachrymal sac, conjunctivitis, keratitis, asthenopia, congestion of the various ocular tissues, paresis of accommodation, blephorospasm, hemorrhage into the vitreous and retina, exophthalmus.

Clinical cases are presented to illustrate some of the previous statements.

## SOCIETIES.

**HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.**

The annual meeting of the Homœopathic Medical Society of Western Massachusetts was held at Cooley's Hotel, Springfield, on Wednesday, March 21, 1900, at 11 A.M., the Vice-President, Dr. Sackett, in the chair.

The report of the Secretary was read and accepted.

The report of the Treasurer showed a balance of \$25.40 in the treasury. Four new members had been added during the year.

The names of Harrie W. Greene and James B. Comins were proposed for membership in the society and referred to the Board of Censors.

William S. Walkley, of Pittsfield, was elected a member of the society. It was voted that the annual election of officers be deferred until later in the day.

*Scientific Session.*

Bureau: Mental and Nervous Diseases. G. H. Wilkins, M.D., Chairman.

- I. Nervous Complications of Influenza. Samuel E. Fletcher, M.D., Chicopee.
- II. Some Avoidable Causes of Mental Diseases. Ellen L. Keith, M.D., Framingham.
- III. Some Avoidable Causes of Nervous Diseases. Frank C. Richardson, M.D., Boston.
- IV. Clinical Cases. Orville W. Lane, M.D., Great Barrington.
- V. Hysteria. Clinical Report. Clara M. Sweet, M.D., Springfield.

It was moved that the courtesies of the society be extended to visiting physicians.

## DISCUSSION.

Dr. Sackett: Gels. is of great value in the nervous type of influenza, and I also agree with the doctor in his use of hyos. in cases with delirium. Dr. Lane, in speaking of the nervous type of influenza, mentioned case of woman of eighty, fond of children, who, having a mild form of influenza, when she closed her eyes could see children in the room playing. Did not disturb her. Rather pleasant than otherwise.

Dr. Wilkins: Has had case of a man with severe attack of grip; drowsy four days, when eyes were closed could see children dancing and other pleasant visions. Also case showing collapse of nerve centres in woman with apparently nothing more than a common cold, suddenly developed heart complications.

At 1 P.M. adjourned for dinner.

Meeting called to order again at 2 P.M.

The thanks of the society were extended to Dr. Richardson and Dr. Keith for their papers.

After extended discussion a new constitution and by-laws was adopted and the Secretary ordered to have 200 copies printed for circulation.

Officers of the society for the ensuing year were elected as follows:—

President, Frank A. Woods, M.D., Holyoke; First Vice-President, H. R. Sackett, M.D., Holyoke; Second Vice-President, Clarice J. Parsons, M.D., Springfield; Secretary and Treasurer, Alice E. Rowe, M.D., Springfield.

Censors: O. W. Roberts, M.D., Springfield; G. H. Wilkins, M.D., Palmer; J. P. Rand, M.D., Monson.

The following resolutions were adopted:—

*Whereas*, The Homœopathic Medical Society of Western Massachusetts believing that the laws for medical registration, as they appear in many States, are unjust to the reputable practitioner who for any reason may desire to change his location from one State to another; therefore be it

*Resolved*, That this society put itself on record as desiring some



uniform system for registration in medicine, whereby a physician legally qualified to practice in any State or territory of this Union, or in the District of Columbia, may be allowed to register for practice in any other State or territory of this union, or in the District of Columbia, upon the presentation of a verified certificate and the payment of a nominal fee.

*Resolved*, That a copy of these resolutions be forwarded to the Chairman of the Board for medical registration in Massachusetts and also the public press for publication.

Meeting adjourned at 4.30 P.M.

ALICE E. ROWE,  
*Secretary.*

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## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

### *Business Session.*

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, April 5, 1900, at 7.45 o'clock, the President, Frederick W. Halsey, M.D., in the chair.

The records of the last meeting were read and approved.

The report of the Obituary Committee, appointed to draw up resolutions on the death of Fr  derick D. Stackpole, M.D., was read by the Secretary :—

*Whereas*, Dr. F. D. Stackpole has been called from our fellowship by an all-wise Providence :

*Resolved*, That we, the members of the Boston Hom  opathic Medical Society, testify to the high regard in which he was held by us. His sunny, cheery manner, his modest bearing, his faithful work made him a friend to love. No memorial of him could be complete were not especial mention made of his deeds of charity. Of his strength, his skill, his ability he gave freely and untiringly to the poor.

*Resolved*, That we tender to his bereaved family our sympathy in their loss, and that we place these resolutions upon the records of the society.

N. L. DAMON,  
S. H. CALDERWOOD,  
SUSAN H. GIBBS,  
*Committee.*

Upon the recommendation of the Executive Committee the following amendment to the Constitution was proposed :

“That Section IV of the Constitution be amended by inserting after the word ‘dues’ in the sixth line the words ‘for the current year ending December 31,’ so that when amended the sentence shall read, ‘The application, accompanied by two dollars, the annual dues for the current year ending December 31, shall be sent to the General Secretary.’”

The Executive Committee also recommended that hereafter the Year Book be sent only to those who have paid their dues for the current year.

The resignation of Dr. Sara Johnson (Mrs. C. F. A. Hall) was read and accepted.

### *Scientific Session.*

Dr. David W. Wells exhibited a section of an eye, mounted in a wide-mouthed bottle, with the bottom smoothly polished. He stated that the specimen itself was not of special interest, except as illustrating a new method of mounting, by which it can be examined without being taken out of the fluid.

Dr. George R. Southwick exhibited two specimens of uterine fibroid showing early development of cancer. He stated that he was asked to see this patient because of excessive flow. After curettage the patient was better for about three months, then commenced to flow again. For three or four months preceding the second operation the patient was saturating thirty to forty towels every menstrual period, which lasted about three weeks. Supra-vaginal hysterectomy was performed and the uterus and adnexa removed. It showed a small sub-mucous fibroid and also a small fibroid in the walls of the tissue itself. Why take out such a small fibroid? Because where we find one, we are apt to find others. It also shows how small a growth will make a good deal of trouble.

Dr. T. M. Strong exhibited a growth which he had removed. It involved the right tonsil, pressing forward and downward at the base of the tongue, and was about the size of a tangerine. During the operation a large quantity of broken-down tissue was discharged. He stated that it was difficult

to say just exactly what the growth was. You might make it most anything, according to what field you have under your microscope. It left a very ugly wound, which has so far healed satisfactorily.

Dr. Macdonald made a strong plea for the side position in etherization. He stated that he found by placing the patient on the left or right side, which is the more natural position for sleep, the ether is inhaled more readily, the mucous membrane was not so readily affected, and vomiting much less.

### REPORT OF THE SECTION OF SURGERY.

J. EMMONS BRIGGS, M.D., Chairman;

GEORGE H. EARL, M.D., Secretary;

FRANK L. NEWTON, M.D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. George R. Southwick, A. H. Carvill, and Mary R. Mulliner. The committee reported as follows: Chairman, W. F. Wesselhoeft, M.D.; Secretary, Alice Z. Patterson, M.D.; Treasurer, W. B. French, M.D., who were duly elected.

### PROGRAM.

1. A Case of Brain Injury. Byron L. Dwinell, M.D., of Taunton.
2. A Study of Wound Behavior, with Observations upon Wound Closure. Horace Packard, M.D., of Boston. Discussion opened by W. F. Wesselhoeft, M.D.
3. The Surgical Clinics of the Massachusetts Homœopathic Hospital. Report of Service for First Quarter, 1900. N. W. Emerson, M.D., W. F. Wesselhoeft, M.D., of Boston.
4. A Case of Old Patella Fracture and a Case of Endothelioma of the Jaw. Winfield Smith, M.D., of Boston.

### DISCUSSION.

1. Dr. Dwinell's paper on "A Case of Brain Injury"<sup>1</sup> was listened to with much interest, and the recovery of the patient, under the circumstances, was remarkable, as he was also

<sup>1</sup> To be published later.



injured in both hands, losing the first joint of the index finger and part of the second and third fingers of the left hand; a small piece of rock entered the body between the fourth and fifth ribs, and there was a compound comminuted fracture of one leg.

The paper was not discussed.

2. As Dr. Horace Packard was unable to be present, his paper, entitled "A Study of Wound Behavior, with Observations upon Wound Closure," was read by Frederick P. Batchelder, M.D.

Dr. Wesselhoeft, in discussing the paper, said in part: I think we ought to feel very grateful to Dr. Packard for putting this subject so clearly and satisfactorily before us, for there is no subject so important to all of us as surgical cleansing. No matter how trivial an operation is, the way is open for infection and possible loss of life. Before the days of asepsis and antisepsis there were many examples of most trivial wounds opening the way to erysipelas and other surgical infections as frequent causes of death. To-day death from septicæmia in wounds from mere operation is very rare, but suppuration from wounds is not entirely avoided. As more experience and better results are obtained, we can feel greater security in all wounds that we make. I had the honor of serving with Dr. Winn through two terms where there was no suppuration in any wound that was not infected before the operation. At that time, Dr. Winn, who, by the way, was a pioneer in the methods now practiced in our hospital, wished to take every means of dealing with every detail to the best of his ability, so every detail was gone over. The patient was scrubbed on the operating table in addition to the usual preparation the night before. The catgut was boiled in alcohol, not above 75°; the hands of the operating surgeon and all assistants were scrubbed for five minutes, rubbed with alcohol and rinsed off with sterilized water; all the instruments and the dressings used in the case were boiled. The silk and silk worm gut were simply boiled for twenty minutes. This resulted in a feeling of security that I have never felt since, and we have gone away from the hos-

pital feeling certain of wounds made that day healing. It is not a rare thing to have a suppurating wound in the abdomen. It is a very rare thing to have a wound about the extremities suppurate. The breast wound, which is, perhaps, the largest raw surface exposed in any critical operation, frequently suppurated in the early days of surgery. Now it is very rare to have such a wound suppurate. In the opinion of surgeons now the serum which exudes from such a surface is the cause of much of the trouble. I have seen a number of such wounds closed and tremendous pressure applied suppurate, and I feel that it is due to pabula existing there. Dr. Bell, during his last term of service, found it almost impossible to suppress suppuration in extensive abdominal wounds. He thought it might be due to this material, pabula, getting between the surfaces; and where he was not certain, he introduced a few strands of silk worm gut, and I can testify that the result was very satisfactory.

In regard to gloves. There is a very great diversity of opinions yet. It seems to me obvious that a covering sterilized would insure absolute security, if got on without handling. Here, I think, is a point, that gloves introduce a danger to the individual in that by depending upon them one is in danger of neglecting the proper mechanical cleansing of the hands. I think them of great value to the surgeon in septic cases, and also a protection to clean cases that may come after the septic ones.

In regard to catgut. There are three preparations now in use at the hospital. One Dr. Packard has fully described. Another, an alcoholic preparation which has been in use for some time. The other, a new method, which is designed to avoid handling the catgut and raising the temperature to  $212^{\circ}$ . That is done by simply cutting the catgut into lengths and putting them in an envelope, then putting this in another envelope, and placing in a sterilizer filled with alcohol and raising the temperature to  $212^{\circ}$ . After opening the vessel, the envelopes are taken out, dried and carefully preserved in sterile jars. All three of these preparations have been subjected to bacteriological tests, and have been found to be

free from pathological germs. I think we may feel that all these methods are good, but it remains to establish the method which will give the best results.

Dr. Boothby: I will say only a few words about the subject, but I can speak of rubber gloves. I think Dr. Wesselhoeft has put it very fairly that there are more dangers with gloves than without them. The surgeon requires for delicate intricate work just as acute a touch as he possibly can have. Now can he have that if his fingers are covered? Absolutely not. It is very well to protect the hands when operating for appendicitis, but it is not one surgeon in a thousand who can perform this operation and remove the appendix without using his fingers. You will get into more trouble, and make more trouble for the patient, than you would without them.

In regard to cleansing the hands. Now, if it is possible to get them down to a certain point, and get absolute asepsis, that means to succeed. Can you reach such a point that you can be reasonably sure that you will get no unfavorable results? It cannot be done with five minutes' scrubbing with soap and water. No one has said anything about it being done with just as hot water as can be used. It cannot be done by the surgeon simply washing his hands and leaving the dirt under the nails. The scrubbing with soap and water will cleanse the hands, except under the finger nails, and there may be germs under the skin. I believe that it is a good way, when the surgeon is to make an operation, for him to wash his hands, when he gets up, until the ordinary dirt under the nails is gone. Then he cleans them a little more with cotton or gauze on a nail cleaner. The nails should be kept short all the time. In this way, if you are careful, you can keep your hands clean. If you have an assistant, then he can wear the gloves. Again, the hands should be just as thoroughly cleansed after an operation as before it. There is also danger of pricking the gloves or cutting them, for nobody is so skilful as not to prick the finger or gloves sometimes. I believe that we can and do get better results without gloves, and I think I can show as little sepsis as any one with



gloves. I think we might disregard gloves for the operator ; for assistants I think they may be well, unless you have trained assistants you can rely on. I use a little mercurial for my hands. I do this as a precautionary method. I put my hands in mercurial 1 to 1,000 from three to five minutes, and by doing this I certainly protect the external surfaces for some time. Infection is not always from the nails. The paper referred to colon villi. It is certainly possible for infection to take place from the bowel.

Now in regard to sewing up a wound. For the last twelve or fifteen years I have used the continuous suture in sewing the different layers in an abdominal wound, uniting the parts with the through and through of catgut and leaving that in. Perhaps I do not sew up as well as others. If I get no trouble from my catgut, why am I not satisfied? At the first dressing I wash the wound with mercurial solution that I may be sure it is clean. I have used formalin a little, but at ordinary strength it smarts so much that it is not well borne.

Dr. Southwick : I think the use of catgut appeals to every surgeon. I have for some time had the catgut boiled in alcohol and prepared with bichromate of potassium.

In regard to the apparatus for sterilizing under pressure. There is an apparatus somewhat similar recommended for the physician's use. It is very simple.

Getting wounds free from germs is one point to be thought of, but I don't think it is possible to get a wound that we can be sure is absolutely germ free, — we can only approximate. There are always bacteria buried in the skin.

There is such a thing as too many sutures ; the tissues are strangulated and healing prevented.

In regard to formalin. I have used it lately in one or two cases, after the wound had been carefully closed and the dressings applied ; I put a few drops of formalin on these, with the result that I get a more aseptic dressing.

3. Dr. Winfield Smith read an interesting paper entitled "Two Cases : First, An Old Patella Fracture ; Second, A Case of Endothelioma of the Jaw."

The subject of the first case was present, and exhibited her

knee to the society. The fragments were firmly united and she was able to walk very well. This young lady had fractured her patella twice, the last accident leaving a separation between the fragments of over two inches. Dr. Smith was obliged to divide the central part of the quadriceps extensor tendon, and also a corresponding part of the ligamentum patellæ, in order to bring the parts together.

The second case was illustrated by several pictures thrown on the screen, showing the excellent results following the removal of one half of the lower jaw for an endothelioma involving the ramus. An apparatus had been devised upon which teeth were mounted, which took the place of the part removed very well.

Adjourned at 10 o'clock.

EDWARD E. ALLEN, *Secretary*.

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### MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The sixtieth annual meeting of the society was held at the College Building, Tuesday evening, April 10, and at Steinert Hall, Wednesday, April 11, 1900.

#### TUESDAY EVENING, APRIL 10, 1900.

The meeting was called to order at 8 o'clock by the President, Frank C. Richardson, M.D.

#### REPORT OF THE COMMITTEE ON DISEASES OF CHILDREN.

CARROLL C. BURPEE, M.D., *Chairman*.

- I. Infant Feeding in Health and Disease, Frank A. Hodgdon, M.D.
- II. Sterilized Milk, George R. Southwick, M.D.
- III. The Doctor and the Schoolmaster, George E. Gay, Superintendent of Schools, Malden.

Mr. Gay gave a very interesting extemporaneous talk, and one of the most interesting, as well as important, facts brought out in the discussion was the fact that the children under his charge are required to study but four and one half

hours each school day, in contrast to the Boston system of eight and nine hours.

### WEDNESDAY, APRIL 11, 1900.

#### STEINERT HALL, AT 10 A.M.

The meeting was called to order by the President, Frank C. Richardson, M.D., and the records of the semiannual meeting, also the meetings of the Executive Committee, were read and approved.

The reports of the Treasurer and Auditor, showing in addition to the fund a balance of \$1,410.35, were received and accepted.

Report of Necrologist, F. A. Warner, M.D. Owing to the press of business, Dr. Warner's papers were not read, but were referred to the Publication Committee and will appear in full in the volume of Transactions.

The following members passed away during the past year:—

William C. Cutler, M.D., died May 1, 1899.

Laura M. Porter, M.D., died May 2, 1899.

William J. Winn, M.D., died June 21, 1899.

Frederick W. Elliott, M.D., died June 25, 1899.

I. Tisdale Talbot, M.D., died July 3, 1899.

Joseph P. Paine, M.D., died September 23, 1899.

William G. Ware, M.D., died December 25, 1899.

Frederick D. Stackpole, M.D., died December 26, 1899.

The President appointed T. M. Strong, M.D., and N. R. Perkins, M.D., to serve on the Election Committee, with Wesley T. Lee, M.D., Chairman.

J. P. Rand, M.D., reported for the Committee on Revision of By-Laws, and it was voted to accept the following amendments:—

- (1) To add to ARTICLE XXIV the words: "Any member neglecting the payment of annual assessments for three years, and having been notified by the Treasurer of such fact, may by vote of the Executive Committee be dropped from the roll of Membership" (special cases mentioned in ARTICLE IV, *Sec-*



tion I, excepted). "Any person thus dropped shall have the privilege of reinstatement upon action of the Executive Committee and the payment of all arrears."

(II) ARTICLE IV, *Section I*, Line xiv—to insert after the word "pay" the words "and to drop members for the non-payment of dues."

The following candidates were elected to membership:—

Alice H. Bassett, M.D., Boston.	E. R. Johnson, M.D., Wollaston.
Anthony F. Booth, M.D., Boston.	John H. Lambert, M.D., Lowell.
Herbert D. Boyd, M.D., Boston.	Benjamin T. Loring, M.D., Boston.
Emma F. Bridge, M.D., Boston.	William O. Mann, M.D., Boston.
Amelia Burroughs, M.D., Boston.	C. Elizabeth McGovern, M.D., N. Dorch'r.
Charles W. Bush, M.D., Newtonville.	Theodore C. Merrill, M.D., Prov., R. I.
William M. Colby, M.D., W. Somerville.	Mary R. Mulliner, M.D., Boston.
J. Tucker Cutler, M.D., Roxbury.	Carrie E. Newton, M.D., Fayville.
Alfred T. Dalrymple, M.D., So. Boston.	Willard A. Paul, M.D., New Dorchester.
Florella Estes, M.D., Boston.	Mary A. Pearce, M.D., Dedham.
Walter H. Flanders, M.D., Melrose.	Fred. S. Piper, M.D., Lexington.
Ellen H. Gay, M.D., Boston.	Conrad Smith, M.D., Boston.
Thomas R. Griffith, M.D., Cambridge.	Robert F. Souther, M.D., New Dorch'r.
R. Agnes Hartley, M.D., Pawtucket, R. I.	Harry O. Spalding, M.D., Waltham.
Lyman G. Haskell, M.D., Jamaica Plain.	Edward H. Wiswall, M.D., Wellesley.
Albert W. Horr, M.D., Boston.	

T. M. Strong, M.D., made a very interesting report for the Committee on Registration and Statistics, citing this as a record-breaking year in applications for membership, fifty new members having been admitted.

N. Emmons Paine, M.D., reported for the Fund Committee, stating that the committee believes "the purpose for which this fund was established will be best served by adding to the principal about one half the annual interest, and by the donation of \$20 to the fund for the erection of the statue to Samuel Hahnemann in Washington, D. C." The committee called attention to the fact that one member, Dr. I. T. Talbot, had been removed by death, and a successor must be appointed. It was voted that the committee's recommendation be approved.

Dr. Richardson appointed to serve on this committee H. C. Clapp, M.D., two years; H. P. Bellows, M.D., three years.

T. M. Strong, M.D., speaking in behalf of the Hahnemann Monument Committee, made an earnest plea for contributions, stating that there remains to be raised \$17,000, and it is desired that this be done immediately in order to have the monument dedicated at the meeting of the Institute in June. It was voted that the society appropriate \$300 at once, in addition to \$300 already contributed, for the Hahnemann Monument, and that the Executive Committee be authorized to add to this such sum or sums as they may deem advisable as shall make the aggregate sum of the society's contributions not more than \$1,000.

### 11 A.M.

#### REPORT OF COMMITTEE ON CLINICAL MEDICINE.

J. P. RAND, M.D., Chairman.

- I. Therapeutics of Iron, Elmer H. Copeland, M.D. Discussion opened by F. P. Batchelder, M.D.
- II. The Fever of Soldiers returning from Cuba, Conrad Wesselhoeft, M.D. Discussion opened by N. L. Damon, M.D.
- III. Diabetes Mellitus, Edgar A. Fisher, M.D.
- IV. A Case of Acute Dilatation of the Heart, J. P. Rand, M.D.

Owing to lack of time, the last paper was read by title. At 1.15 P.M. the society adjourned for lunch, which was provided by Otis Clapp & Son and served in their laboratories, that the members of the society might have an opportunity to inspect the methods employed by the firm.

The meeting was again called to order in Steinert Hall at quarter after two, by the President, Frank C. Richardson, M.D.

#### REPORT OF COMMITTEE ON INSANITY AND NERVOUS DISEASES.

EDWARD P. COLBY, M.D., Chairman.

- I. What Physicians should know about Hypno-Suggestion, Henrik G. Petersen, M.D.

- II. Insanities occurring in the Adolescent Period, H. J. Klopp, M.D. Discussion opened by Ellen L. Keith, M.D.
- III. The Early Recognition of Insanity and the Proper Treatment, George S. Adams, M.D. Discussion opened by N. Emmons Paine, M.D.

### 3.30 P.M.

#### REPORT OF COMMITTEE ON OBSTETRICS.

GEORGE H. EARL, M.D., Chairman.

- I. The Maternity Hospital, Its Work and Aim, Henry E. Spalding, M.D. General Discussion.
- II. Care of Pregnant Women, E. B. Cahill, M.D. Discussion opened by Helen S. Childs, M.D.
- III. A Case of Tedious Labor, Carl Crisand, M.D. Discussion opened by Walter Wesselhoeft, M.D.
- IV. Toxæmia of Pregnancy, G. H. Earl, M.D.

It was voted that a vote of thanks be sent to Otis Clapp & Son for their entertainment of the society at lunch.

The Election Committee reported the election of the following officers for the year 1900-1901:—

President, John L. Coffin, M.D.; Vice-Presidents, J. P. Rand, M.D., Winfield Smith, M.D.; Corresponding Secretary, Frederick P. Batchelder, M.D.; Recording Secretary, Frederick L. Emerson, M.D.; Treasurer, Winslow B. French, M.D.; Librarian, J. Wilkinson Clapp, M.D.; Censors, H. C. Clapp, M.D., E. P. Colby, M.D., F. B. Percy, M.D., N. W. Emerson, M.D., Frank C. Richardson, M.D.

Adjourned at 5 P.M. to meet at Hotel Somerset, where dinner was served to one hundred and twenty-nine members of the society. At 8.30 an address, entitled "The Greater Obligation of the Physician," was delivered by the President, Frank C. Richardson, M.D.

The papers and discussions will be found in full in the volume of Transactions. FREDERICK L. EMERSON, M.D.,

*Recording Secretary.*



# THE NEW ENGLAND MEDICAL GAZETTE

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No. 6.

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Vol. XXXV.

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## COMMUNICATIONS.

### THE EXTRACT OF THYROID IN A CASE OF PUERPERAL MANIA.

BY E. H. WISWELL, M.D.

*[Read before the Boston Homœopathic Medical Society.]*

It may be of interest to note the apparent benefit of the extract of thyroid in a case of puerperal mania.

In this case we may presume that the supply of glandular matter had become lessened or exhausted through the demands of maternity. For such deficiency, an artificial supply may need to be substituted as much as any substance required in the chemistry of the body.

The patient was 31 years of age. She had been an inmate of an Old School hospital for nearly four months. Her family history was good; past history showed emotional weakness, while at times she was subject to what her family called fainting spells. Two normal parturitions preceded the one under consideration. The labor was of three days' duration and at the end of three days more she began to grow suspicious of the nurse in attendance. The family yielded to her notions and another nurse was procured. The latter dropped dead in the patient's room with heart disease at the end of a week.

The disease began to manifest itself more prominently at this time. While she remained in fair physical condition, she was sleeping insufficiently, gradually growing more and more depressed. She was sure that she would never get

well, worried over her children's future, thought she had various diseases, that she had been wicked all her life, and that God had forsaken her. She would shut her mouth and refuse to talk. This culminated in five weeks in violence of speech and action, screaming and throwing furniture about the room. She was eating little and losing weight rapidly.

It then became necessary to remove her from her home, and she was taken to an Old School hospital. During her residence there she was much confused and deluded, having hallucinations of hearing and sight, thinking the nurses were devils, that she herself had brought suffering to others. She was violent and noisy. She ate very little and gradually grew more confused, deluded, and violent, and later became filthy in her habits. The main underlying delusion seemed to be that things in the world were all wrong, that she ought to set them right, and that people about her prevented her from righting the wrongs.

She was then so violent to the nurses when they attempted to care for her and clean up her room that it became necessary to restrain her with a camisole.

When she came under my observation she retained all the above-mentioned delusions and hallucinations. She also came with the prognosis of an incurable mental disease. She thought she heard her children calling her, that they were kept upstairs away from her. She thought her urine holy water and her feces sacred balm. She was a very dangerous patient at this time, requiring three and four nurses to manage her when taken from the camisole. She would resist everything that was done for her. Every few minutes she would scream out, cursing and calling people about her devils, thought she had the responsibility of the world upon her shoulders.

With such an unfavorable prognosis and such grave symptoms it was thought advisable to try an experiment with thyroid extract. She was then given 2 grs. of extract of thyroid three times a day. For the following week she continued very restless, excited, and violent. Temperature ranged about 100. Pulse, 120. On the ninth day she ap-

peared more quiet and seemed to realize her condition. The thyroid was then discontinued. The tenth day she was rational at times. Temperature on the eleventh day was normal and she had improved very decidedly, although very weak and crying easily. From this time she gained steadily, and was discharged recovered at the expiration of three weeks and four days.

The entire time of her treatment by me was five weeks, during nine days of which she was receiving thyroid. The improvement continued until her discharge as recovered — a fortunate result for a person apparently hopelessly insane.

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## **AUTO-INTOXICATION AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF MENTAL DISTURBANCES.**

BY S. C. FULLER, M.D.

*[Read before the Boston Homœopathic Medical Society.]*

The cause of mental disturbances has been a field for speculation and investigation since the time of Hippocrates in the fifth century B.C. Cælius Aurelianus four hundred years later (1), although he may not have discovered the causes of insanity, certainly determined that many cases were amenable to treatment. He stands out conspicuously in the history of psychiatry for his scientific conception of good therapeutics and humane treatment of this class of cases. The innovations which he introduced, and his methods of treatment, read not unlike those in vogue in Massachusetts to-day. This celebrated physician of the first century A.D. conducted and successfully operated what we are pleased to term the modern insane hospital. This he accomplished in the face of that influential ancient mythology which held so strong a sway over the minds of men, and when, not unlike in our own times, men were accustomed to refer the inexplicable to divine interventions of beneficence.

With the decay of that ancient civilization came a reversion



to the primitive, unscientific, and inhumane conception of psycho-therapeutics. These methods held long and undisputed sway until there again appeared scientific investigators, particularly in Germany and France; chief among whom was Pinel of France.

The statement "that there is nothing new under the sun" we are at times constrained to accept as particularly true of medicine, especially when we review the history of our profession. I cannot in this connection refrain from quoting Hippocrates, who, in speaking of epilepsy, then popularly termed the "sacred disease," remarks: "The sacred disease appears to me no wise more divine nor more sacred than other diseases, but has a natural cause from which it originates, like other affections." It was his aim to show the inconsistency of a belief in the divine origin of epilepsy, when so many other brain disturbances were no less mysterious in their origin.

What to me seems particularly interesting, especially as it bears on the subject of this paper, is another utterance of this great physician of Cos: "This disease" — meaning epilepsy — "is formed from those things which enter into and go out of the body, and it is not more difficult to understand and cure than the others, neither is it more divine than other diseases. . . . Men ought to know that from nothing else but the brain (the soul and psychic manifestations were located in the stomach by one eminent physician of the middle ages) come joy, despondency and lamentation, . . . and by the same organ we become mad and delirious" (2).

You will see that the physician who lived previous to 500 B.C. quoted by Hippocrates and Hippocrates himself had a crude idea of auto-intoxication. So much, then, for the antiquity of my subject, but time cannot wither nor custom stale its infinite variety. Hippocrates gave us a suggestion which after twenty-five centuries we are beginning to carry out. The investigation at the present time of the toxins formed in the gastro-intestinal tract, and the rôle auto-infection plays in the production of disturbed mental states has already thrown a flood of light on the etiology of epilepsy, some

forms of melancholia, mania, and other nervous conditions which are not essentially mental. You will understand that all intoxications do not necessarily proceed from the gastrointestinal tract, nor is it my purpose to maintain that auto-intoxications are the only causative factors in mental disturbances. It is really not a strange thing for cases to come to autopsy, in which is discovered no visible cause for a much-disturbed mental state, and this, too, after the most improved technique in examination has been applied. On the other hand, there do occur cases in which we are positive that pathological lesions in remote parts were undoubtedly the cause of the mental unbalance.

The neurone conception of Waldeyer, and the discovery of the collaterals of axones and their end arborizations by Golgi and S. Raymond y Cajal has enabled histologists to study more closely the action of toxins on nerve cells, and degenerations in these nerve units. Dr. Lewelly F. Barker in his recent work, "The Nervous System and its Constituent Neurones," in summing up the neurone concept, estimates that in the nervous system there are about three trillion neurones, that each neurone is morphologically and physiologically independent (if protoplasmic bridges be excepted); and that while "nerve conduction paths may, and probably usually do, in higher animals, at least involve more than one neurone, the neurones being, as it were, superimposed upon one another to make simple or more complex chains, or chains of neurone groups, one individual neurone through its various processes is in a position to be affected by and in turn to affect several or many other neurones." Now when we consider that each neurone with its end arborizations terminating, perhaps, in some distant part of the body and continually bathed in the lymph, it is not difficult to conceive how a neurone may suffer from poisonous substances in the lymph and blood. That neurones are not more frequently affected may be explained partly by that selective affinity which makes an amoeba draw in its pseudopoda when its surroundings are hostile, and partly by the fact that many of the toxins formed are neutralized by the alexines or protective secretions of the leuco-

cytes, and that fine adjustment to changed conditions which is constantly taking place within the body. There are times, however, when, like the amœba, its discrimination does not save, when the alexines are unable to neutralize the toxins, when it fails, for some reason, to adapt itself to altered circumstances and succumbs to the inevitable.

As the result of studies in the Pathological Institute, New York State Hospital, of the effect of known poisonous substances on nerve cells, there have been recognized three general stages in the cycle of nerve cell degeneration, namely, (3) cytolysis, cytothesis, and cytoclasis. By cytolysis is meant that degeneration which takes place in a cell as a result of a poison, which does not destroy but inhibits or impairs its function for the time being. By cytothesis is meant the process of repair which takes place in a cell which has undergone cytolysis, thus bringing it back to its normal condition. By cytoclasis is meant a more advanced degeneration than cytolysis; in fact, it is a complete destruction of function and protoplasm which results in cell vacuolation. No cytothesis or repair can follow cytoclasis. This, then, explains both the recovery from and the succumbing to toxics.

Dr. Alexander McLane Hamilton, studying the connection of intestinal autotoxis with certain common forms of insanity (4), "found that the injection of a number of rabbits with urine from persons suffering from mental disturbances produced no characteristic nor constant result." Urines with great increase in indican (according to Hamilton) are as a rule toxic. "They denote certain putrefactive changes taking place in the intestinal tract." This observer has found, and my experience has been the same, "that urines rich in indican contain little or no preformed sulphuric acid." "When the sulphate ratio is materially changed, it is likely to indicate autotoxis in connection with an increase in the amount of ethereal sulphates." Prominent among Hamilton's conclusions is the following: "Fugacious and changing illusions and hallucinations, unsystematized delusions, confusion and ver-bigeration in connection with insomnia, pallor, intestinal indigestion, constipation, and rapid exhaustion are due to



toxis." We are all familiar with the headache and mental dulness which follows an attack of constipation and indigestion in an individual previously regular in his movements. Of autotoxis in such a case there is no doubt; how much greater, then, must be the means for producing, and also how much greater the end product where the disturbance in the intestinal tract has been of longer duration, and where there has been an elaboration of more virulent toxins!

"Various post-febrile, traumatic, alcoholic or drug insanities are those in which autotoxis is most common" (4), as evidenced, for instance, in the mental aberration produced by the bacterial toxin in typhoid, the delirium tremens of alcoholics, and the hallucinations of opium and cocaine habitués.

Wagner in his studies on "(5) Psychoses Due to Gastro-Intestinal Auto-Intoxications," notes that acetone is probably a factor in nervous derangements, — as, for example, in the production of eclampsia. It is, however, probable that acetone is an indication of the formation of far more poisonous substances. Digestive disturbances seem necessary to acetone formation; and this observer thinks it is not at all unlikely that a high degree of acetonuria is a very strong factor in the etiology of "mental diseases."

Two articles have appeared within the last three months giving an account of the results of investigations in the Laboratory of Mount Hope Retreat in Baltimore, by Dr. Richardson (6). He sought to determine the secretory changes which produce the lack of appetite and the aversion to food which accompanies many forms of insanity. Typical cases of melancholia simplex were studied with this result, that in the analysis of the contents of the stomachs, there was found "low, free hydrochloric acid, with high organic acids and acid salts. . . . In every case there was a large excess of mucus," and "the presence of organic acid in excess." He does not conclude, however, that hypochloridia is the cause of melancholia, but that "indol and the ethereal sulphates are the result partly of the hyposecretion of the stomach and partly of the decreased peristalsis; being absorbed principally from the colon, they enter the circulation,

adding their quota to increase the disease by debilitating the system with their toxic properties." Melancholia simplex, thinks Richardson, "is due to a heart failure with anæmia of bulk and hyposecretion of the stomach." Of acute mania he gives two forms, febrile and non-febrile, and "the latter is probably infectious in origin." As to acute mania, I myself have observed in the examination of the blood what appeared to me two forms. They possessed in common exhilaration, excitability, and incoherence; the red cells were about normal or slightly increased, their hæmoglobin within the normal range, but in the one variety there was quite a marked leucocytosis, with increase in the per cent of polymorpho-nuclear neutrophils, which would seem to indicate an inflammatory or toxic origin.

Returning to indol (6), Herter's experiments are interesting as bearing on this paper. He found that the administration of indol to animals caused "cardiac and respiratory depression, marked contraction of pupils, clonic spasms, and increased reflex excitability; small quantities administered daily for several weeks produced profound changes in nutrition; . . . in men it produced frontal and occipital headache, colic, diarrhœa, unnatural mental activity, insomnia, lassitude, and after continued administration there was a tendency to the neurasthenic state."

Of course hereditary influences are not to be passed over lightly. Many people inherit "heavily mortgaged nervous systems," so that given a central nervous system with a tendency to break down, the influence of toxins in exciting collapse is probably great. Just as in general paresis, while alienists recognize syphilis as being the cause of a great number of this class of cases, all cases of syphilis do not terminate in general paresis, but given a nervous system damaged by syphilis the chances are greater that, under certain conditions, there will be developed a train of mental symptoms.

Time will not permit me to go into the various gross somatic lesions associated with degenerations of the central nervous system. However, in emphasizing disturbed nutrition as a factor in producing mental diseases, I cannot fail to

call your attention to the artheromatous degenerations in arteries, so noticeable at the autopsies of insane subjects, particularly about the circle of Willis. The blood, too, cannot be ignored; more or less deviation from the normal condition is too frequently met with to be considered merely a coincidence.

Pathology heretofore has not given a comprehensive idea of mental conditions, because the scope of its investigation has been too limited, and now that it is seeking other fields in connection with the central nervous system the results are beginning to be more gratifying. The correlation of all branches of medicine and allied sciences is recognized as desirable. Buckle, in his "Essay on Mill," voices a sentiment which seems to me applicable to our own work in this branch of the profession. "No one," says he, "can have a firm grasp of any science if, by confining himself to it, he shuts out the light of analogy, and deprives himself of that peculiar aid which is derived from a commanding survey of the co-ordination and independence of things and of the relation they bear to each other. He may, no doubt, work at the details of his subject; he may be useful in adding to its facts; he will never be able to enlarge its philosophy. For the philosophy of every department depends on its connection with other departments, and must therefore be sought at their points of contact. It must be looked for in the place where they touch and coalesce; it lies not in the centre of each science, but on the confines and margin."

To summarize, then: first, continued disturbances of digestion are responsible for some cases of some forms of insanity, by the entrance into the circulatory system poisons formed as a result of indigestion. Second, that while emotional disturbances may precede digestive disturbances in some cases, many cases of melancholia and mania, especially those of adolescence, are ushered in by digestive disturbances, and the resulting vitiation of the nutritive fluids. For it is a fact that treatment directed to these conditions quite often prevents an attack. Third, that certain substances which to a normal cerebro-spinal system would be innocuous, to one more



or less damaged by disease, acquired or inherited, may and often do prove most virulent toxic agents. Fourth, that toxins introduced into the economy from without, — as, for instance, alcohol, opium, and the toxins of bacteria, — while they may produce vast organic changes, which may not result in mental breakdown, when combined with the chemical toxins produced in the body prove disastrous to mental equilibrium.

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### A CASE OF BRAIN INJURY.

BY B. L. DWINELL, M.D., TAUNTON.

[*Read before the Boston Homœopathic Medical Society, April 5, 1900.*]

In November of a preceding year, two men were engaged in blasting rocks, by the process of drilling, and charging the rock with dynamite. In order to break up large quantities of rock, deep holes were drilled and the charge of dynamite placed at the bottom with fuse attached, and the hole was filled to the surface by successive wads, tamped in by means of a tamping iron and hammer. During the process of tamping in the wads an explosion occurred, hurling the men several feet into the air, and with them broken rock of all sizes in a perfect shower. In the ascension that these gentlemen there made, or in the rash and hasty manner of their alighting, the accidents to be related occurred. The word "ascension" is used advisedly, although the altitude

reached can be only approximately ascertained, since the sudden and unexpected manner of making this trip seemed to take their senses completely away, and in this state of unconsciousness they remained for some time after their return to earth. However, a projecting limb from a tree standing some distance from the rock which marked their departure gave evidence, by fragments of clothing clinging to its broken branches, twelve feet from the ground, that somebody had passed that way on the *return* trip. When the explosion occurred one man was sitting on the rock, holding the tamping iron in the hole for the other to hammer down the wads. After the explosion, when the storm of rocks and men had ceased falling, it was found that the tamping iron had penetrated the skull of the man who was holding it, and was stuck fast, some little force being necessary to remove it. After its removal the man was borne to the house and the doctor sent for. On arriving at the house the man was found lying on a mattress that had been thrown on the floor when he was brought in. He was conscious, but with very weak pulse and short, jerky breathing. An attempt was made to restore circulation by the application of external heat and internal medication. Bleeding from the various wounds of the body was controlled, and an examination of the head commenced. The tamping iron had entered the forehead about half an inch to the right of the median sinus and three quarters of an inch below the hair line. The wound in the skull had much the appearance of a bullet wound at short range, entering at almost a right angle. It seemed probable, almost certain, that the fragment of bone had been carried into the cranium, but it could not be located by a probe which was carefully introduced, and without obstruction passed in a slightly downward direction well back toward the inner surface of the occipital bone.

This probing did not cause pain, nor did it increase the flow of blood which constantly trickled from the opening. It did not appear that any further interference with the inside of this skull was called for, and a little more time was given to his other injuries. The right hand was minus the end of

the first finger as far as the first joint. The left hand was similarly afflicted, but had suffered the additional loss of the third and fourth fingers, and was terribly lacerated. The left leg had a compound comminuted fracture of both bones about midway between the knee and ankle, and from this wound and the left hand he had lost considerable blood before attendance reached him. Something seemed to be wrong with the left side, and on cutting the clothing away it was found that a large piece of flesh had been gouged out by something. There was a hole the size of your finger between the seventh and eighth ribs, and those ribs were both broken. It did not seem necessary to search much more to see if this man had "got all that was coming to him." It was *plain* that he had. Some little time had been taken in this examination and he appeared to be rallying from the effects of "shock" a *little*, and his friends were told that more dressings and instruments than were at hand would be required and that a halt had better be called. To my surprise the patient came out of the shock during the latter part of the afternoon, and at 8 P.M. he was etherized and lifted to the *kitchen* table. Amputation at the first joint for the index finger on each hand had to be done. On the left hand the third and fourth fingers were gone, and the metacarpal bones crushed and two bones in the carpus. It was impossible to find integument to cover this wound. The leg was cleansed and loosely bandaged, after getting the fragments of bone as nearly in place as possible, slightly elevated and supported on each side. The side was cleansed, and the hole along the seventh and eighth ribs, which was filled with sand and fragments of *stone*, was opened up and washed. (A stone was between the ribs at the end of a six-inch incision.) The broken ribs were but little displaced. One more search for the missing piece of skull bone was made, this time with slim artery forceps. They passed into the brain cavity until the handles rested on the forehead. The search was given up. Gauze was then introduced through the skull bones well into the cavity of the brain and a bandage applied. Something over two hours were used in doing the work. The



patient came out of the ether rather slowly, and vomiting caused some bleeding from the brain. The external dressings were removed from the head the following day, but no attempt was made to remove the drainage. The patient was delirious. On the *second day* the gauze drainage was removed and with it came what appeared to be particles of both gray and white cerebral matter. The face was red, fever high, and his delirium was much increased. He talked unceasingly and *very filthily*. A little odor came from the brain. The gauze drainage was carried in but little beyond the skull bones at this dressing. *Third day*. Fever very high and delirium almost constant. Talk was very filthy and patient could not be restrained. Odor from the head *very* offensive, and thin pus coming rather sparingly. It then seemed that some method must be found to remove the terribly offensive matter that was forming inside the skull, and accordingly cotton was wound over a probe and carried in about three inches. This worked well, the cotton coming out well saturated, but it hardly seemed best to put so many pieces as were required into the skull. Equal parts of hydrogen dioxide and water were poured in and the head carried forward to allow it to drain if possible. The delirium was too great to enable us to flex the head very readily and this had to be sponged out by the first process.

*Fourth day*. Fever the same, little snatches of sleep during the night, delirium, changing from *filthy* ravings to *profanity*. Hydrogen dioxide was again used, but the sponging could be carried in but a little way. The odor, which had been very offensive, was not quite so strong. The *left* eye, which had been weak the day before, had now become totally blind. The right eye retained sight, but exuded purulent cerebral fluid. *Fifth day*. After this it was impossible to wash the inside of the skull, since the brain had swollen so much that it came out through the hole in the forehead and filled it full. Compresses were used and various experiments tried to restrain the brain from time to time. Slowly, day by day, the fever receded and the brain returned inside the skull, but the man continued to swear whenever any one spoke

in his hearing for several weeks. The sight of the *left* eye returned to a considerable extent on the *thirteenth day*, or nine days after it went away. On the tenth day after the accident, the leg was put in heavy plaster splints. This was cut open for dressings and worked very nicely. The leg did not heal for nearly a year. In *four weeks* the skin had closed over the hole in the forehead, and no discharge has ever come from it since.

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## INFANT FEEDING IN HEALTH AND DISEASE.

BY FRANK A. HODGDON, M.D., MALDEN.

Certainly no subject demands greater attention, not alone of the medical profession, but of the world at large, than the study of the best means for starting young human beings in life. The increasing number of artificial foods placed upon the market every year only proves that artificial feeding has yet to reach that state of perfection where it can compete with human milk. The great mortality among infants fed upon such foods, and the constitutional diseases occurring therefrom, should be more and more convincing that mother's milk is the ideal infant food.

We have but to compare the cases occurring in our own practice, of infants fed upon mother's milk and those brought up on the bottle, to thoroughly convince us of the great superiority of breast milk compared to any other method of infant feeding. The comparative freedom from colic and the consequent restful sleep along with the other signs of a healthy infant are invariably the accompaniment of infants fed upon mother's milk. A thorough knowledge of the character and chemical composition and the variations therefrom must be plainly understood. The conditions affecting the composition of mother's milk, especially the diet, remembering particularly that the fats and the proteids of breast milk are much influenced by the diet of the mothers, must not be overlooked.

Much can be and should be done towards the developing and preparing a breast many weeks if not months before parturition takes place, thus not only alleviating much of the suffering of the mother, but having for the infant a good healthy breast. The thorough cleansing and care of the nipple before and after nursing must be given the greatest attention and fewer mammary abscesses will result.

There are four conditions which an examination of the milk discloses :—

1. An over-rich milk, quantity usually abundant.
2. Milk poor in quality and scanty.
3. Quality good, amount scanty.
4. Quantity abundant, quality poor.

The corrections of these conditions are too well known to bear repetition at this time, but it might be advantageous to review a few of the more salient points.

One of the most powerful stimulants to the secretion of milk, according to Thomas, of New York, is massage of the breasts, but only sterile hands should ever be employed for the operation.

Alcoholic extracts I believe to be of great benefit, not only to increase the quantity, but of very material aid to the quality.

Our duty, then, lies plainly before us ; merely social demands and a plea for lack of time by the mother should not be taken as sufficient reason for deciding against bringing the baby up on the breast.

The health of the baby is of paramount importance, and the absence of scurvy and rickets among breast-fed infants is almost constant.

Overfeeding is responsible for a large proportion of the ailments of early infancy, such as diarrhoea and dysentery, and the long list of gastric catarrhs incident to childhood. Try and never make the mistake of thinking that every cry of a child is due to hunger, for thirst it may be, the prick of a pin, feeling extremes of heat or cold, chafing, aching from being too long in one position,—all these things, besides a natural inclination to cry which we find in some



babies. The best authorities advise putting the child to the breast in six or eight hours after labor is completed ; this is good for the mother and also for the child. For the mother it improves the nipple, stimulates the milk secretion, also the uterine contractions. For the child it insures the ingestion of colostrum. Colostrum constitutes the secretion for the first three days ; this secretion is mildly laxative and is nature's means of cleansing the alimentary canal of the waste matter called meconium found in it at birth.

Infants the first three days should be nursed four times a day, after that about every two hours between the hours of 5 A.M. and 11 P.M., with one feeding only in the middle of the night. If this regularity in feeding is observed the child has better digestion, sleeps better, and is not as likely to be overfed. During the first four months the child should be fed once during the night. After that it should not be fed between the hours of 10 P.M. and 7 A.M., and when a year old it should not be fed between the hours of 7 P.M. and 7 A.M. If fed oftener than this the child gets too much food, and digestion and rest are both disturbed.

From fifteen to twenty minutes is a sufficient time to keep the child at the breast at one time.

During the time of nursing the child should be held in as comfortable a position as possible, so it will doze off to sleep and get the required rest so much needed by the little ones.

Infants born with a cleft lip cannot nurse the breast, as the proper vacuum cannot be formed so the mouth will draw the milk, and in some cases cannot nurse the bottle for the same reason and will have to be fed by gavage or with a spoon. When it becomes necessary to feed by the bottle it is always best to get a food as near to human milk as is possible, and this is done in many cases by modifying cow's milk in a variety of ways. But when it is impossible to get cow's milk it is then better to use condensed milk and make that approximate human milk as near as it can be made to do.

Cow's milk contains one half as much sugar as human milk and about five times as much curd as human milk.

These are the widest differences, and then it differs in several other respects ; cow's milk is rich in casein also, and must be diluted with water, and as this lessens the sugar and fat these must both be added to bring cow's milk up to the standard of human milk.

It takes one teaspoonful of sugar of milk to 4 oz. of cow's milk and one teaspoonful of cane sugar to 6 oz. of the same to get the desirable degree of sweetness.

Then to overcome the lack in fat we must take the top of one quart of milk to amount of six ounces, and this makes the additional fat that is so much needed. Some advise the equal parts of milk and sweet cream instead of the top of the milk and they think it gives better results.

If there is some indigestion it is better to dilute, with barley water in the place of clear water, and this can be made from pearl barley or barley flour and added in the same proportion as clear water mentioned above.

If pearl barley is used it must be boiled a long time, for six or eight hours, the water being replaced as fast as it evaporates. The proportion is two tablespoonfuls to the quart of water, and carefully strain and put away for future use. It may be made from barley flour instead of pearl barley and in a much shorter time ; in about an hour, strain and salt a little and put away for future use same as the pearl barley.

The following are some formulas taken from good authority.

Approximating human milk : —

Top of the milk, 8 oz.

Barley water, 16 oz.

Milk sugar, 6 teaspoonfuls.

This makes a mixture of 24 oz. and good for a child up to the sixth or eighth month, when the formula may be changed or increased to the following : —

Top of the milk, 9 oz.

Barley water, 19 oz.

Milk sugar, 1 oz.

Formula of Dr. Cobb, of Chicago : —

Fresh milk, 1 teacupful.

Water, 1 teacupful.

Barley water or oatmeal water, 1 teacupful.

Bicarbonate soda,  $\frac{1}{8}$  teaspoonful.

Milk sugar, 1 dessert-spoonful.

Salt, a little.

Diet upon which six children did well and passed through the teething period in perfect safety :—

Milk, 1 oz.

Cream, 2 oz.

Water,  $2\frac{1}{2}$  oz.

Lime water, 2 drams.

Milk sugar, 2 drams.

#### A SPLENDID DIET.

Sterilize 30 minutes and serve :—

Milk, 2 parts.

Cream, 3 parts.

Water, 10 parts.

Milk sugar, 1 teaspoonful.

Lime water, 1 teaspoonful.

#### IF MILK DISAGREES.

Oatmeal water,  $\frac{1}{2}$  quantity.

Milk  $\frac{1}{2}$ , sterilize for 30 minutes.

A good substitute for milk is this :—

Veal broth ( $\frac{1}{2}$  lb. meat to the pint),  $1\frac{1}{2}$  oz.

Barley water,  $1\frac{1}{2}$  oz.

Whey,  $1\frac{1}{2}$  oz.

Milk sugar, 1 dram.

Raw beef juice (one teaspoonful every two hours) can be kept retained when nothing else can be kept on the stomach. Both lime water and barley water are added when temporary looseness of the bowels occurs, but in using lime water in milk it must be remembered that it contains phosphate of lime in four times larger quantities than is found in human



milk, and is of questionable utility to continue for any length of time. Also a temporary food is found in the white of an egg beaten into cracked ice or into a small quantity of cold water, and fed to the patient in small doses of one dram at intervals of one hour.

It is generally claimed that fresh cow's milk is better than boiled, sterilized, or peptonized milk. This is in case it could be got fresh from the cow. But in our cities it is not possible to do this, and we will have to rely on the present methods of sterilization as the only safeguard for the present, and in fact it becomes imperative. I find many families insisting on the milk of one cow from a large dairy, but there is less variation in the quality of mixed milk than in that of one cow; for instance, it might happen that one cow got something from the pasture that was poisonous, but it would not often happen that every cow in a large dairy would do the same thing. So, as a rule, infants do better on mixed milk and are not so apt to become dyspeptic.

The milk from fancy breeds is often too rich and should not be given unless at first it is diluted with water; such breeds are Jerseys, Guernseys, Alderneys, and Durhams, etc.

It might be well to notice some of the qualifications to be found in a wet nurse. Her own general health must be good and her digestion perfect. She must not be habitually constipated. She must be free from syphilitic, scrofula, or tubercular taint. The very best age is between the ages of twenty and thirty years, and she should be of good temperament and cleanly habits.

Her child should be of about the same age as the one she is to nurse, for as lactation goes on the milk becomes richer in cream and casein and might disagree with too young a stomach.

The breasts should be firm and the nipples prominent and free from sores and fissures. Breasts which are always oozing are by no means the best, for their milk supply is soon exhausted. The nurse's own child if living should be seen, for if it has been nursing it will be a better test of the quality of her milk by its general appearance than could be learned

in any other way. The child should be in good flesh and firm, without evidence of gastric catarrh, fever, or any other evidence of disease along the alimentary tract.

The question whether it is possible for the nurse to transmit her own mental and moral traits is a much discussed and as yet an unsettled question, the larger portion believing that it is no more liable to be done than that a cow should transmit some peculiarity in her disposition.

The milk taken from the breast should, when examined, have the following properties: reaction alkaline, color an opaque blue white, specific gravity 1.031, taste sweetish, and under the microscope the fat corpuscles should abundantly fill the field and be nearly of equal size. The diet of a wet nurse should be highly nutritious, consisting of meat broths, gruels, milk, eggs, meat, vegetables, and fruits; no tea, coffee, or beer should be allowed. A reasonable amount of fluids should be drank and may be supplied in water, milk, soups, etc. She should be very free from care, worry, or fatigue and emotional excitement.

Diarrhœa and allied bowel troubles in most cases arise from too frequent or irregular feeding, or overfeeding or feeding with improper food.

One of the first things necessary is to give the stomach rest for from four to twenty-four hours, and cool sterilized water or barley water and cracked ice (if clean) is given to allay thirst. In these cases stimulants are usually needed, and half a teaspoonful of champagne or ten to thirty drops of brandy well diluted are the best of anything that we know of.

After the interval mentioned above it is best to begin on small quantities of food, and no milk unless the child is nursing. Instead give whey, thin mutton broth or chicken broth, barley gruel, or egg albumen beaten into one half pint of cold water, to which has been added a pinch of salt and a little brandy. Within a few days again resume the regular diet, but be careful to watch the results and make a change again if needed.

*(To be continued.)*

## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month reports of societies and personal items *must be received by the 15th of the month preceding*.

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It may be a matter of interest to the alumni of Boston University School of Medicine to read the following, from the *Boston Herald* of May 9.

## BOARD OF HEALTH REBUKED.

THE RHODE ISLAND SUPREME COURT SUSTAINS BOSTON UNIVERSITY. GRADUATE OF ITS MEDICAL SCHOOL RECOGNIZED FOR PRACTICE. LICENSE MUST BE GIVEN HIM IN SPITE OF OBJECTIONS. DECISION IN THE CASE OF DR. ARTHUR W. STEVENSON.

The state supreme court to-day rebuked the state board of health, and recognized Boston University. The state board had refused a certificate to Dr. Arthur W. Stevenson permitting him to practise here, and in doing so had declined to recognize the medical school of Boston University as a four years' school.

He appealed to the supreme court, and the latter gave an opinion in the case, in the course of which it said: —

“The respondent attempts to justify its refusal to issue a license to the appellant to practise medicine, because it does not recognize the medical school of Boston University as a school requiring the four years' course of study for graduation. It appears from the evidence that the course of study in this school is four years, and that the appellant has taken the full four years' course.

“It further appears, however, that students of medicine who have taken, in literary and scientific schools, courses of study relating to, or forming a part of, the study of medicine, such as chemistry, biology, bacteriology, and botany, on passing the required examinations, may be admitted to advanced standing; so that it is possible for such students to obtain a degree in less than four years' study in the school itself. It is this possibility which has led to the refusal of the respondent to recognize the school as a four years' school, though no objection exists against it in any other respect.

“We do not understand from the evidence that the practice of the medical school of Boston University, in admitting students to advanced standing on passing the required examination, is different from that of other four years' schools; and we see, therefore, no sufficient reason why



the respondent should withhold its approval from that school as not a four years' school. Our opinion is, therefore, that the appellant is entitled to a license."

It certainly is well known to all the friends of the school that Boston University School of Medicine was the first school in the United States to establish a four years' course, and to make that course compulsory. During the past ten years the school has been recognized throughout the United States, except in Rhode Island, in the British provinces of New Brunswick and Quebec, and the colony of Australia; in fact, wherever the diploma has gone it has been accepted without question. In 1897 the board of health of Rhode Island decided that graduates of Boston University School of Medicine must pass examinations before being licensed to practise in the state. Two years ago, on the refusal to license a certain graduate, a representative of the faculty appeared before the board of health and endeavored to correct the misapprehension which seemed to exist, or change the adverse opinion which did exist. The conference proved a failure, for since that time several graduates of the school have been obliged to take examinations. Last September a graduate of the school applied for a license and was refused, as others had been, but decided to appeal to the supreme court, where the case was duly tried, on May 4, with the decision in favor of the school.

J. P. S.

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### HOMŒOPATHIC HOSPITAL FOR SPRINGFIELD.

Mr. D. B. Wesson has most generously donated his former homestead to the homœopathic physicians of Springfield for the establishment of a homœopathic hospital. Homœopaths are not permitted to treat their patients in the Springfield Hospital unless the patient occupies the hospital annex. At the Mercy Hospital there are no homœopathic physicians on the staff. Mr. Wesson offered a large sum of money to the Springfield when it was being built on condition that the corporation should allow homœopaths to practise there. But it was not accepted.

The old Wesson place is on the corner of High and Myrtle Streets. It is located in the centre of the city and situated so high that other buildings can never obstruct the view. From the upper rooms one can have an extensive outlook over the Connecticut River and Berkshire Hills for miles in every direction. The estate is covered with beautiful trees, and is nearly 400 x 300 feet.

Mr. Wesson has given the property on condition that \$10,000 should be raised for the fitting out and support of the building. More than one half of this sum has already been raised and fourteen representative business men have signified their willingness to act as corporators. Temporary organization has been made and a charter applied for, so that the organization will be completed and the charter granted when the requisite \$10,000 has been obtained.

The hospital is intended to accommodate about fifty patients. It will be opened to Chicopee, Westfield, Holyoke, and Northampton physicians, and will be the only institution of its kind in the state west of Worcester.

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MASSACHUSETTS HOMŒOPATHIC HOSPITAL, quarter ending March 31: admissions, 533; total treated, 650; death rate, surgical, 3.6 per cent; medical, 3.2 per cent.

On service for coming three months: on medical side, Dr. William P. Wesselhoeft; on surgical side, Drs. Bell and Wesselhoeft.

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## EDITORIAL NOTES AND COMMENTS.

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ATLANTIC CITY, N. J., April 9, 1900.

*Dear Doctor,* — The question of how to secure for our school of medicine the recognition that justice demands should be ours from the life insurance companies has puz-

zled the minds of several committees. Much has been accomplished in the past, as the published reports of the committees show, but greater results must be secured before we occupy the position that justly belongs to us.

The present committee has gone carefully over the ground, and would offer these suggestions, trusting that they may receive the hearty approval of the profession.

We would suggest that each of our medical colleges, during the senior year, give a short series of lectures on life insurance expectancy, and the duties and responsibilities of the medical examiner for life insurance.

There are a number of homœopathists who are now examiners for life insurance companies. We would suggest that it would be well for them to let the fact be known through our national directories, because life insurance companies frequently consult these directories as guides in making up their lists of examiners. It would also be well for our physicians who are willing or desirous to do this class of work to express their desires not only to the companies and their agents, but also to their patients, and at the same time to establish the fact, by pointing to the course of study adopted by our colleges, and the well-known carefulness of the members of our school in studying their cases, that we, as homœopathic physicians, are as competent in every way to become life insurance examiners as any other class of physicians.

The honor of our school is somewhat in the balance in this question, for the fact that we do not receive the appointments that we should, or a just share of the work where appointments are made, casts a shadow upon our ability. The committee fears that our physicians have not been as enthusiastic in pressing their claims as might be desirable, and would request that all who desire appointments would make it known to the companies; then let each physician constitute himself a committee of one in his own locality to educate the homœopathic clientele to seek examination by homœopathists when contemplating life insurance.

If any physician has made application to any company to become an examiner and has been denied, or has not had any



work to do, this committee would be glad to know the facts in the case.

Yours fraternally,

ALFRED W. BAILY,	} <i>Committee on Life Insurance Companies.</i>
A. L. BLACKWOOD,	
V. H. HALLMAN,	
O. S. WOOD,	
C. W. ROBERTS,	
H. H. LEAVITT,	

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NEW YORK CITY, April 24, 1900.

DR. JOHN L. COFFIN, EDITOR OF "THE NEW ENGLAND  
MEDICAL GAZETTE," BOSTON, MASS.

*Dear Doctor,*—At a joint meeting of the executive and monument committees, held at Washington some weeks since, it was thought possible that the monument might be dedicated on the fifth of June. Later developments have finally convinced the monument committee that it will be impossible for them to have the monument ready for dedication on that date. On the twentieth of April, after a conference between representatives of the executive and monument committees, it was decided that the institute should meet in Washington, on June 19, 1900. The monument committee expects by that time to have everything in readiness for the dedication of the monument.

I am very glad to be able to state that the present outlook is for a very large and enthusiastic meeting. Aside from the fact that Washington itself has many and notable attractions for the sightseer, the dedication of the monument, which will be a most notable and impressive ceremony, will suffice to largely increase the attendance of the institute meeting. The sectional programs are nearly completed. Papers of great practical value and interest will be read by some of our best thinkers and writers, and will be discussed by those especially fitted for such debate. The various committees have their work well in hand, and some well-prepared and

well-digested business will be brought before the institute for its consideration.

Very much has been written about the need of money to complete the monument, but it may not be amiss to add a word or two to what has been already said. Money is still needed to complete the final payments. It is the plain duty of the profession to meet its honorable obligations, and this sentiment is growing fast. The monument is a veritable creation of genius, a most magnificent work of art. Its erection will not only honor the founder of the school, but all those who have a part in the work. We are under bonds before the world to complete and dedicate this monument next June. Send what you may be able at once to the chairman of the monument committee, Dr. J. H. McClelland, corner of Fifth and Wilkins Avenues, Pittsburg, Pa. While the institute meets on the nineteenth of June, it is the present intention to have the monument dedicated on the twenty-first.

EUGENE H. PORTER, M.A., M.D.,  
*General Secretary.*

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## NOTES ON CURRENT RHINOLOGICAL AND LARYNGOLOGICAL LITERATURE.

BY GEORGE B. RICE, M.D.

HAY FEVER. By Carolus M. Cobb, M.D., Boston. Reprint from the *Philadelphia Monthly Medical Journal*, May, 1899.

This article is by far the most comprehensive in its consideration of hay fever etiology and treatment that has come to my notice.

The paper reviews the literature on the subject thoroughly. In discussing the cause of the disease, the writer emphasizes the fact that in his opinion, hay fever is pre-eminently a city dweller's disease. The causes for this are attributed to increased toxicity of the urine of those who live and work in the city, the greater impurity in the air, as well as its

overheated and overdried condition in city houses in winter, and to the greater quantity of meats and sweets eaten by the city dwellers.

The neurotic element is believed to underlie the local disturbance, and suggestion is thought to play an important part in the periodic cases. The writer is not prepared to accept the statement that hay fever must be accompanied by nasal disease, but he thinks that there is no reason to doubt the fact that nasal disease is in many cases an important factor in the production of hay fever. In order to determine the presence of nasal disease, as a causative element, it is thought essential that the nose should be carefully examined, both during the attack and at an interval of freedom from an attack. In forty-two cases reported, twenty-two were found to have nasal disease as a prominent factor, ten where there was a contributing cause, and ten in which between the attacks the nose and naso-pharynx appeared normal. Asthma, Dr. Cobb believes, rarely complicates the first attack of hay fever, but after a few attacks it may accompany or even take the place of the original disease. The assertion of older writers is affirmed that when the posterior portion of the nose is affected, asthma is more likely to complicate the trouble.

Treatment is divided into, first, measures to relieve the constitutional condition; second, treatment of any local condition existing in the nose; third, measures to relieve the attack. The first indication is met by diet, cold baths, exercise, and nerve tonics, of which zinc phosphide is the drug most used. Hyoscyamus, the bromides, and valerianates are occasionally needed. The intra-nasal conditions most likely to demand operative treatment are hypertrophy of the anterior ends of the turbinateds, polypi, or perhaps a thickened condition of the tissue covering the convex side of a slight deviation of the septum. For the treatment of the attack, the time-honored Clarke's solution is applied, and if this is not followed by decided improvement in twenty-four hours, a fifteen per cent solution of chromic acid is applied to the lower and middle turbinateds and to the anterior third



of the septum. These solutions are, of course, used when the tissues are under the influence of cocaine. In many cases, one or the other of these applications causes immediate and permanent relief.

As this article, although just received, was written over a year ago, it is not surprising that the use of the extract of the suprarenal capsule was not recommended. In this connection, the article by Beaman Douglass, M.D., in the *New York Medical Journal*, May 12, 1900, on "The Treatment of Hay Fever by Suprarenal Gland," is of interest.

Dr. Douglass writes that a careful review of the literature of this subject since 1894 shows that only six articles mention the use of the suprarenal gland in hay fever. He further says: "The physiological chemist will tell us that it is useless to administer suprarenal gland internally, because in his opinion the active physiological element of the gland is disintegrated and destroyed by contact with gastric juice. The clinician, however, does not find this statement borne out in the treatment of his cases, because patients with hay fever that are helped by the use of suprarenal gland are helped as readily when the gland is used internally as when it is locally applied to the mucous membrane. One has but to see the effects of suprarenal gland when given internally in a case of hay fever to believe that the physiological chemist may be wrong in his deduction; for if five grains of saccharated extract of the dried suprarenal gland are given by the stomach every hour, after a few doses distinct local effects can be observed upon the nasal tissue. The overengorged mucous membrane begins to diminish in size, the circulation is restored, the headache will disappear, the hypersensitiveness of the nerves will be diminished, and the resultant sneezing and coryza, which have been so troublesome, will before twenty-four hours nearly disappear and the nose be restored as a breathing organ. It may then be said of suprarenal gland used in the treatment of hay fever that it fulfils the indications for a remedy more nearly than any other single substance. It produces its effect both systemically and locally, it controls the symptoms for a convenient length of

time without a very frequent repetition of the dose, and the effects locally are not so harmful as those from cocaine. It has no dangerous sequelæ and no toxic action, and yet when full doses have been given the effect can be easily recognized by the patients, who experience sometimes a certain degree of vertigo, some nervous excitement, and always an increase in the frequency of the heart's action. The nervous excitement is so markedly less than that produced by cocaine that it cannot be termed troublesome or serious: not such an excitement as will lead to the formation of a habit. The only dangers which may result from the use of suprarenal gland seem to be purely theoretical, and so far have never been observed. I can conceive, however, that suprarenal gland used locally and internally for a long period of time may result in such a constant diminution of the normal blood supply to the nasal tissues that we may find atrophy resulting from its use." Dr. Douglass does not wish to claim that we must use this remedy alone in all of our cases, for other drugs, such as digitalis, quinine, cocaine, and Clarke's solution, have often served him well.

Those where nasal symptoms are prominent, which are accompanied by much congestion, as well as those dependent upon a gouty or rheumatic diathesis, receive the most benefit from the gland extract. Cases showing some degeneration of the cardiac muscle, where there is loss of blood vessel elasticity, or changes in the blood vessels due to interstitial nephritis, do not receive benefit from this agent. To quote again literally from the article: "The method of administering the drug is either internally through the stomach or locally through the nasal tissue, or, better, a combination of internal and local treatment.

"If the drug is used locally, it should be applied either by means of a spray or upon pledgets of cotton saturated with solutions of the drug. The drug solution of six or twelve per cent is made by shaking up the saccharated dried extract of the suprarenal gland with water, allowing it to stand for an hour or two, removing the clear solution from the top, and discarding the precipitate. This solution may be used

in the nose by means of a spray as often as every two hours until the symptoms are controlled, and reapplied whenever symptoms of obstruction, coryza, and sneezing return. Used internally, it is most useful given in tablet form. Five grains of the saccharated, dried suprarenal gland are administered at first every two hours, day and night, until some giddiness or palpitation is observed, or until the local examination of the nasal membrane shows that the remedy is controlling the vasomotor paralysis. After this has been accomplished, the same dose may be given at longer periods, — every three hours, then every six hours, and then twice daily, — and the administration of two tablets a day is continued throughout the hay fever season. If disagreeable symptoms reappear because the dose is too rapidly diminished, the quantity may again be increased, returning to one tablet every two hours until the symptoms are controlled. Used in this way, in favorable cases, patients will remain in comparative comfort during the entire hay fever period."

Both of these writers of course omit altogether to mention the benefits to be derived from some of our homœopathic remedies.

Arsenicum, Arsenicum iodide, Naphalin, Sabadilla, Sambucus, Ipecac, Euphrasia, Arum triph, and a few other of our drugs, have time and again given relief to those suffering from hay fever. Nevertheless, we are continually meeting cases which are not benefited by the carefully selected remedy, and to such the methods described in the above papers deserve careful consideration.

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### ITEMS OF INTEREST.

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RAUSCHENBERG'S FORMALDEHYDE DEODORIZER. — Probably formaldehyde is the most satisfactory antiseptic and deodorizer available at the present day. Among the instruments recently devised for its application, Rauschenberg's



apparatus is worthy of investigation if one desires a small, simple instrument reasonable in price. It was originally designed for the New York Hospital, where it is claimed its efficiency has been thoroughly demonstrated.

It consists of a small brass lamp with a long asbestos roll, enclosed by a chimney. The lower end of this roll is encompassed by a brass band which slips over the wick holder. To operate the lamp, fill it with methyl spirits (wood alcohol), turn the wick up until it comes in contact with the asbestos roll, which will gradually absorb a small amount of the spirits by capillary attraction. After a few minutes, when the roll has become saturated, apply a lighted match to it and allow



the spirits to burn for four or five minutes until the roll becomes heated ; then blow out the flame and replace the chimney ; the asbestos will continue to glow, producing a partial oxidation of the methyl alcohol and giving off formaldehyde vapor as follows :  $\text{H} - \text{CH}_2\text{OH} + \text{O} = \text{H} - \text{CHO} + \text{H}_2\text{O}$ . The size of the instrument illustrated is too small to use for sterilizing except in a very small space. The best results are obtained when the gas can be confined in the presence of the

noxious odor, and it will prove of value for deodorizing water closets, sick rooms, hospital wards, etc. It destroys all odors of putrescent animal and vegetable matter and excreta, by chemically combining with the hydrogen sulphide, mercaptan, skatol, and foul-smelling ammoniacal bases. It is sold by Otis Clapp & Son. Price, \$1.50.

**STERILIZERS.** — Physicians desiring a cheap sterilizer for patient's use will find the Van Heusen Sterilizer and Compress Heater very satisfactory for sterilizing milk, etc. Otis Clapp & Son desire to state that they have a limited number of the family size made of tin, with a heavy copper bottom, which they will dispose of at \$1.00 each.

**A SUGGESTED REMEDY.** — One of the most interesting physiological processes which takes place in the human body is connected with the phenomena of respiration. We refer to the manner in which oxygen is taken up by the hæmoglobin of the blood and carried to the various tissues where it is used. The process is popularly described in "The Story of the Living Machine," by H. W. Coun, from which we quote :

"This hæmoglobin has peculiar relations to oxygen. It can be separated from the blood and experimented upon by the chemist in his laboratory. It is found that when hæmoglobin is brought in contact with oxygen under sufficient pressure it will form a chemical union with it. This chemical union is, however, what the chemist calls a loose combination, since it is readily broken up. If the oxygen is above a certain rather low pressure the union will take place, while if the pressure be below this point the union is at once destroyed, and the oxygen leaves the hæmoglobin to become free. All of this is a chemical matter and can be demonstrated at will in a chemical laboratory. But this union and dissociation is just what occurs as the foundation of respiration. The blood coming to the lungs contains hæmoglobin, and since the oxygen pressure in the air is quite high, this hæmoglobin unites at once with a quantity of oxygen while the blood is flowing through the air vessels. The blood is

then carried off in the circulation to the active tissues, like the muscles. These tissues are constantly using oxygen to carry on their life processes, and consequently at all times use up about all the oxygen within their reach. The result is that in these tissues the oxygen pressure is very low, and when the oxygen-laden hæmoglobin reaches them, the association of the hæmoglobin with oxygen is at once broken up and the oxygen set free in the tissue. It passes at once to the lymph, from which the active tissues seize it for the purpose of carrying on the oxidizing process in the body. This whole matter of supplying oxygen to the body is thus fundamentally a chemical one, controlled by chemical laws."

The element which enables the hæmoglobin to thus pick up the oxygen, carry it to the tissues, and leave it there is iron.

And now comes Dr. Laran, of Paris, who claims in an article in *La Science Française* (November 2) that he has discovered a substance which may be made to take the place of iron in the hæmoglobin, with the advantage that it is a better oxygen carrier and therefore conveys more oxygen to the tissues for their use. The substance referred to is vanadic acid, which he has succeeded in obtaining in a pure and standard form, something never accomplished hitherto.

Through the researches of Witz and Ormond it has been shown that vanadium compounds have the property of serving as oxygen carriers when placed in the presence of an oxidizing body and an organic substance capable of oxidization, and that their office ceases only with the complete reduction of the oxidizing substance. At this point Dr. Laran took up his investigations of the medicinal uses of the vanadium compounds. The question had been asked whether their oxygen carrying properties could not be used to oxidize the hæmoglobin of the blood, and in his researches Dr. Laran tells us he established the fact that vanadic acid is the only compound of vanadium that will answer this purpose. By experiments on animals he demonstrated that the acid in small doses had no injurious effects. He then proceeded to try it in the treatment of diseases in the human organism. He says:—



“Chlorosis, anæmia, tuberculosis, and all maladies dependent on defective nutrition should, it seemed to me, be relieved by this treatment.

“Without detailing the various theories of these diseases, it will suffice to note that iron enters into the composition of the hæmoglobin of the blood and does the duty of taking up the oxygen in the air we breathe and fixing it in the cells of the organism, and that the only cures of tuberculosis that have been effected have been brought about by causing the patients to breathe, in high altitudes, air surcharged with oxygen while administering to them continually an excess of nutriment.

“Now vanadic acid plays the same rôle as iron, but in an infinitely greater degree; it increases the appetite considerably, and consequently makes over-feeding easy and perfectly natural.”

Dr. Laran cites particulars of numerous cases treated, and his conclusions, if correct, are very interesting and will undoubtedly prove of value to the medical profession.

HEMORRHAGE AS A SIGN OF CONGENITAL SYPHILIS. — In the course of the description of a case of hemorrhagic congenital syphilis appearing as a hemorrhagic vesicular eruption, Dr. William S. Gottheil calls attention to the importance of otherwise unexplainable bleedings in infants as symptoms of congenital lues. They may be the only mark of the disease, especially at first; but they are almost invariably accompanied by a diminution of the coagulability of the blood similar to that of hemophilia, and the case usually goes on rapidly to a fatal termination. Disease of the vascular walls is one of the commonest and best-known effects of the syphilitic poison, leading to hemorrhagic discharges from the mouth, the bowels, the bladder, or the nose; to blood accumulations under the skin and mucosæ, or in the serous cavities and internal organs; or finally, making the syphilitic eruption itself hemorrhagic. The author emphasizes the importance of remembering these facts in the treatment of infants who have hemorrhagic discharges or a

hemorrhagic eruption the cause of which is obscure. (*Archives of Pediatrics*, June, 1898.) (*Author's Abstract.*)

A HOUSE EPIDEMIC OF SYPHILIS: by William S. Gottheil, M.D. — Thanks to a better knowledge of the dangers and modes of transmission of syphilis, and to superior habits of cleanliness, epidemics of the disease are rare in America; yet they occur among the lower classes of our population with greater frequency than is generally supposed. In the *New York Medical Journal* of March 26 the writer records one in which the disease was introduced into the family, according to the history, by vaccination, and in which every member of the family of eight was ultimately infected. The first case was a child of 2 years; then the mother, aged 34; then two girls, aged 9 and 14 respectively; then a boy of 4; then a girl of 7; and then a nursling, aged six months. The father escaped until the last; but late in the spring he came to the clinic with a characteristic eruption, alopecia, etc. The cases were all severe; there were several irites; all had obstinate and some very extensive mucous patches; and the two-year-old child had a syphilitic pneumonia. The site of inoculation was discoverable in two cases only, probably on account of the lateness and irregularity with which the patients were brought to the clinic. In the mother it was upon the centre of the cheek, and in one girl it was upon the eyelid. The family was very poor, living in one room, and their habits were very uncleanly. (*Author's Abstract.*)

A NEW TREATMENT FOR PULMONARY CONSUMPTION. — Mendel has instituted a new kind of treatment for consumption, which has given him considerable satisfaction. By means of a long, curved syringe of the capacity of a drachm, he injects through the mouth into the trachea about 3 drachms of the following solution: —

Oil of eucalyptus, oil of thyme, oil of cinnamon, of each 1 drachm; iodoform, 20 grains; bromoform, 10 drops; sterilized olive oil,  $3\frac{1}{2}$  fluid ounces. The tracheal injection is

practised daily. The patient, who feels the solution trickling into his lungs, experiences an agreeable sensation of warmth, and does not cough. In his early experiments, Dr. Mendel operated with a mirror, but now he is able to dispense with that aid. The patient holds his tongue himself outside his mouth between thumb and finger by means of a napkin. The treatment is simple and inoffensive, and the effects vary with the stage of the disease.

In patients in the first stage he has succeeded after two or three weeks' treatment in relieving the cough and expectoration, and even stopping them altogether; strength, sleep, and appetite also return. In the two remaining stages of the malady, the results are not so satisfactory, but still considerable benefit is obtained, expectoration being easier and less abundant, while strength and appetite improve. — *Pharmaceutical Era*.

THE NEW TREATMENT OF TUBERCULOSIS BY MEANS OF STATIC CATAPHORESIS. — The daily press of the country as well as several journals and magazines have devoted a good deal of space lately to Francisque Crôtte's new method of treating tuberculosis, now under trial in St. Luke's Hospital, New York City. Stripped of newspaper sensationalism, it appears as though Professor Crôtte's discovery might really prove of permanent value in the treatment of this dread disease, even in the third or so-called "hopeless" stage. The test at St. Luke's is apparently being conducted under such rigid conditions and with such eminent physicians in charge that there can be no doubt of the validity of the conclusions arrived at.

The method of treatment is essentially cataphoric in its character, static electricity, instead of galvanic, being used. By this means it is claimed that formaldehyde gas is driven through the muscular tissues into the lungs, where it comes in contact with the tubercle bacillus and kills it. The specific method of treatment is described as follows in the *Western Electrician* of April 21:—

"In applying the treatment, the patient is stripped to the waist, and after being placed on a couch or operating-table,



is carried near to the machine. Then a sponge filled with formaldehyde is attached to one pole of the electric machine and placed on the sufferer's body. In some cases another sponge, similarly charged with the gas, is held close to the mouth of the patient and connected with the battery, and the gas is inhaled in deep inspirations, while in some cases the second sponge is placed against the patient's chest.

"Then the electric machine is started and the static electricity flows in a steady current through the sponges and into the body of the patient, carrying the formaldehyde with it and destroying all germs with which the gas comes in contact. One of the experiments in connection with the treatment consists in an examination of the matter expectorated by the patient just before the current is applied. The germs are found by the thousand, alive and moving. Immediately after the operation another examination is made. Usually all the germs discovered are dead. Day after day this process is repeated, the lungs gradually healing as the germs are killed, and the searching gas goes deeper and deeper into the cells, searching out the cavities containing the bacilli, until at last all have been killed by the deadly formaldehyde. Then the patient is cured."

The machine which Professor Crôtte uses is of a new pattern designed by himself. It consists of eight ebonite cylinders, one within another, which revolve in opposite directions. Specific details as to its construction have not as yet been given, but Professor Crôtte claims that the voltage produced by it is considerably over the million mark, while its amperage is very low. The question as to whether the large glass-plate influenza machines of the Morton-Wimshurst-Holtz type are suitable for this class of work, must be of interest to all those who possess instruments of this style, and reports from any such who may experiment along this line will be received with a good deal of interest.

A NEW NURSE'S CHATELAINE INSTRUMENT SET.—As shown by the accompanying illustration, this consists of a leather case, somewhat similar to a pocket pencil case, which

can be attached to the belt or pinned onto the dress if desired. The case is made of a handsome quality of light-colored calf and contains eight compartments for holding instruments, besides a disk for holding pins and a strap to which safety pins can be attached. The instruments shown in the case consist of a quick-acting, lens front, certified thermometer, a pair of  $4\frac{1}{2}$ -inch aseptic scissors with sharp and blunt point, a pair of aseptic Pean artery forceps, a pair each of fine and medium pointed dressing forceps, a coin silver probe with eye, and a pencil, pins, etc. The price of the case complete is \$2.75, or \$.63 for the case alone. Separate instruments at a slight advance in price. For sale by Otis Clapp & Son.



MEDICINAL TREATMENT OF PELVIC INFLAMMATIONS. — The “big four” in the treatment of pelvic inflammations are in the light of my experience, belladonna, apis, colocynth, and mercurius.

Belladonna is suitable where pain is lancinating, rapidly appearing and disappearing, or forcing toward the genital organs, excessive sensibility, burning heat, especially of face and eyes, throbbing frontal headache, dry mouth, sleeplessness or cerebral excitement.

Apis, sharp stinging pains throughout pelvis  $<$  right side; great tenderness over the hypogastrium; painful urination, often suppressed menses.

Colocynth, violent cutting, contracting, griping, abdominal and pelvic pain  $>$  by bending over; occurring in paroxysms; the pain  $<$  left side.

Mercurius vivus, sufferings are intensified at night; rectal and vesical urging, often with loose stool; tongue is indented at edges. — *Dr. J. W. Ward, in the Homoeopathic Journal of Obstetrics.*

A NEW METHOD OF TAKING X-RAY SKIAGRAPHS. — Prof. Francis E. Nipher, of Washington University, St. Louis, reports the discovery of a new method of making radiographs which possesses this advantage, that the plates may be developed by ordinary lamplight and the process of development may be extended an hour or more, if desired, while the details may be studied as they appear. In this way details may sometimes be observed that would not show in the finished plate. An article in the *St. Louis Globe-Democrat*, (April 19) describes the process as follows:—

“Professor Nipher’s discovery, which was made while working in the laboratories at Washington University, involved nothing less than the developing of X-ray photographs without resorting to the ‘dark rooms,’ thereby enabling the operator to study the details of the photograph as they appear. In order to secure this advantage it is necessary to expose the sensitized plates to the light of an ordinary room for several days before using them. The plates do not become black from this exposure, but assume a somewhat darker hue, of course, than before the exposure. Then the photograph is taken on the specially prepared plate, and, instead of being developed in a perfectly dark room, with only the light which sifts through a thick red glass to guide the operator’s hands, these X-ray pictures can be developed by the light of an ordinary lamp.”

SIGNIFICANCE OF ŒDEMA OF THE HANDS. — Persistent swelling of one hand, without discoloration, if acute, would suggest either peripheral neuritis or else traumatism higher in the limb. Obstructed vessels, venous or lymphatic, with or without glandular enlargement or other tumor, should be looked for in the axilla, whilst the possibility of aneurysm should be thought of.

Swelling with discoloration would, on the other hand, indicate eczema, erysipelas, acute rheumatism, or the action of some toxic agent of animal or of vegetable origin.

Persistent swelling of both hands suggests albuminuria, from lead poisoning or some other cause. If renal disease



be at an advanced stage, then the dorsum of the hand rises like a pincushion, the swelling being pale in color and of most characteristic form.

Uræmic puffing is dusky. When purple maculæ appear on the distribution of the musculo-spiral nerve, they form a portent of the gravest nature, death seldom being delayed more than three days.

It may be remembered that the mere swinging of the arms during a long walk is quite enough to cause temporary œdema of the hands. — *The Journal of the British Homœopathic Society.*

FISH POISONING. — In the United States fish poisoning is most frequently due to decomposition in canned fish. The most prominent symptoms are nausea, vomiting, and purging. Sometimes there is a scarlatinous rash, which may cover the whole body. The writer has studied two outbreaks of this kind of fish poisoning. In both instances canned salmon was the cause of the trouble. Although a discussion of the treatment of food poisoning is foreign to this paper, the writer must call attention to the danger in the administration of opiates in cases of poisoning with canned fish. Vomiting and purging are efforts on the part of nature to remove the poison, and should be assisted by the stomach tube and by irrigation of the colon. In one of the cases seen by the writer large doses of morphine had been administered in order to check the vomiting and purging and to relieve the pain; in this case death resulted. The danger of arresting the elimination of the poison in all cases of food poisoning cannot be too emphatically condemned. — *From Food Poisoning, by Victor C. Vaughan, in Appleton's Popular Science Monthly for November.*

TEMPERATURE BY TELEPHONE. — To regulate temperature in railway trains, it is now made to speak for itself through a kind of telephone in a tone easily understood, so that one man with his ear to the telephone can regulate the temperature of a long train of cars.

From one side of an ordinary electric battery box extends a long insulated wire carrying a small coil of bare wire at the end of it. From the other side of the box extend wires which hold a telephone receiver. The excess of heat or cold acting on the bare coil of wire wherever it may be causes the electric current to set up a buzzing in the telephone. As the instrument is held to the ear the listener looks at a dial on the battery box marked with figures representing degrees of temperature above and below zero. As the pointer on the dial turns from one degree to another, when it reaches the degree of temperature where the coil is located, the buzzing stops.

If the pointer then marks too low a temperature the operator turns on the steam, and if too high shuts it off. In this way one man with his ear at the telephone and his hand on the steam gauge maintains a comfortable temperature day and night through an entire train. We are not aware that this instrument has been introduced to any extent upon railroads, but the principle has been thoroughly tested and its correctness demonstrated in large cold storage warehouses where the temperature of the various rooms is ascertained without opening them.—*New York Medical Times*.

RED LIGHT IN THE TREATMENT OF MEASLES.—A medical authority states that red light has in his hands been found extremely useful in the cure of measles. In one case a child suffering with this disease was brought within red rays by means of red blinds and a photographer's lamp, and in three hours the rash had disappeared, the fever subsided, the child only complaining of the want of light. Upon the blinds being removed the eruption and fever returned in three hours; the red light again asserted its supremacy by disposing in two hours of the rash and fever. Three other children he has since treated in a similar manner with like success.—*The American Practitioner and News*.

CYSTOID DISEASE OF THE TESTICLE: TERATOMA TESTIS?  
—*Diagnosis*: The diagnosis in these cases is by no means

easy to arrive at. The patient presents himself with a tumor of the testis, which is ovoid, elastic, and sometimes slightly translucent. It resembles a hydrocele, and yet it is clear that the entire sac is not filled with fluid. Light is transmitted through it in only certain portions, and if an exploratory puncture is made, not infrequently no fluid follows. Occasionally a small amount of fluid is evacuated, and the tumor may become slightly smaller, but the body of the testis cannot be made out as it would be if the case were one of pure hydrocele. Sometimes the tumor is quite firm, so much so as to give one the impression of a carcinoma or an enchondroma, and yet the patient's general appearance would be rather against the likelihood of either of the two diseases. Indeed, one is at times almost reconciled to retaining the name cystic disease of the testicle, for any and all of these doubtful cases, as a convenient cloak for ignorance, and in order to give this unknown disease a local name; and the more one sees of this class of disease, the more one feels the truth and cogency of Sir Astley Cooper's statement: "I do not believe that the most extended experience or the nicest and most minute manipulation can entirely prevent the liability to occasional mistake in the diagnosis."

*Course:* The course of the disease may be briefly stated as one of progression. So far as I have seen or read of this class of disease, it does not end in resolution; on the contrary, the tendency is towards increase in size, and very probably towards metastasis of the growth elsewhere. . . .

The treatment is simple, to wit: the knife. No internal methods of treatment have so far proved of any service, and the only thing to do is to recommend the patient to part with his diseased organ as speedily as possible, for the longer the delay the greater the danger of possible extension, and perhaps absorption of the disease, from the localized point to internal organs elsewhere. — *Dr. F. R. Sturgis, in the American Medical Quarterly.*

INVESTIGATION OF NATIVE DRUG PLANTS. — Hon. James Wilson, Secretary of Agriculture, in his annual report states



that the committee of the Pan-American Congress for the United States has recently submitted to him a proposition to coöperate with the Department of Agriculture in a technical and statistical investigation and classification of our native drug plants. Mr. Wilson says, in accepting this proposal, he shall secure in a research, of which we have long felt the need, the cordial assistance and support of an influential association of learned physicians; and shall encourage each of the other American nations, all of which are represented in the Pan-American Medical Congress, to proceed with a similar investigation of their own medical flora; we shall furnish a basis for the remunerative employment of much land and many people, and we shall stimulate the growing trade in drugs between the countries of North and South America. The Secretary concludes his report by asking for an appropriation of \$10,000 to enable the department to coöperate in this investigation. Mexico, it may be stated, has shown much more energy in this work than the United States, the investigation having been practically completed in that country by the Instituto Medico Nacional. The investigation carried on through the Department of Agriculture would greatly enrich our materia medica. — *Medical Times*, March, 1900.

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## REVIEWS AND NOTICES OF BOOKS.

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A TEXT-BOOK OF DISEASES OF WOMEN. By Charles B. Penrose, M.D., Ph.D., Professor of Gynecology in the University of Pennsylvania, etc. Illustrated. Third edition, revised. Philadelphia: W. B. Saunders. 1900. pp. 531. Price, cloth, \$3.75 net.

Among the good things to be said of this book are that words are not wasted nor clauses multiplied. Sentences in the text, like those in the preface, are short and to the point. The chapters, forty-three in all, are also for the most part abbreviated, each chapter treating of but one subject, and this we would commend as tending to pre-

sent each topic in its entirety, enabling the student to learn one thing at a time thoroughly and systematically.

The table of contents is too comprehensive to transfer to these pages, but it may be said that the text, after proper mention of the causes of the diseases of women and methods of determining them, follows the natural order of considering, first, affections of the external organs of generation, and second, those of the pelvic organs.

In addition a chapter is given to each of the following more specialized topics: the Menopause, Genital Fistulæ, Diseases of the Urethra and Bladder, Gonorrhœa in Women, Technique of Gynecological Operations, Treatment after Celiotomy, the Special Technique of Operations upon the Uterus and Uterine Appendages, the Effect of the Removal of the Uterine Appendages.

An examination of the book shows it to be not a mere *résumé* of approved facts and yet to be demonstrated theories, but a plain, direct presentation of cause and effect as bearing upon the diseases of women and of the really practicable methods of ameliorating or curing such affections.

It is modern gynecology edited by the hand of the practised gynecologist, fortunate in being able to clothe his knowledge in terse and appropriate language. We take the liberty of quoting two paragraphs illustrative of the common sense and insight shown:—

“Complete removal of the uterus is the only curative treatment for cancer of the cervix. If the disease is seen in the earliest stages, amputation of the cervix beyond the limits of the growth seems, theoretically at least, to be a proper plan of treatment. Practically, however, the operator can never be certain that the excision is made in healthy tissue. The senses of touch and unaided sight are not capable of defining the limits of malignant infiltration. Moreover, it must be remembered that the endometrium is very often involved secondarily from a cancerous focus in the cervix. Complete removal of the uterus should therefore always be practised in all cases in which there is a possibility of removing all of the disease” (page 191).

And again: “The frequency of hemorrhage as a cause of death [after celiotomy] is frequently overlooked. The writer feels confident that many deaths which, without post-mortem examination, are attributed to peritonitis are really caused by hemorrhage” (page 485).

THE INTERNATIONAL TEXT-BOOK OF SURGERY. By American and British Authors. Edited by J. Collins Warren, M.D., LL.D., Professor of Surgery in Harvard Medical School, etc., and A. Pearce Gould, M.S., F.R.C.S., Surgeon to Middlesex Hospital, Lecturer on Practical Surgery, and Teacher of Operative Surgery, etc. Philadelphia: W. B. Saunders. 1900. In two handsome volumes of about 900 pages each. Price per volume, cloth, \$5.00; half morocco, \$6.00.

Volume I, treating of General and Operative Surgery, contains 458 illustrations and nine full-page plates in colors. Contributors: C. H. Golding Bird, Edward H. Bradford, J. G. A. Burns, Herbert L. Burrell, Richard C. Cabot, I. H. Cameron, W. Watson Cheyne, J. Chalmers DaCosta, Harold C. Ernst, George Ryerson Fowler, George W. Gay, John B. Hamilton, George H. Hamilton, George H. Makins, Charles McBurney, George H. Monks, Rushton Parker, Lewis S. Pilcher, Franz Pfaff, Maurice H. Richardson, Guy Bellingham Smith, Walter George Spencer, J. Bland Sutton, L. McLane Tiffany, Weller Van Hook, James P. Warbasse, J. Collins Warren, DeForest Willard.

Probably no branch of medicine has furnished us with such excellent text-books during the past decade as surgery. During this period the art and science of surgery have been rapidly advancing, and in order to faithfully portray this progress it has been found necessary to frequently revise each work from year to year. The numerous text-books have been welcomed in so far as they embody the latest advances in surgical pathology, symptomatology, and diagnosis. The single author text-book necessarily presents the subject in a somewhat narrow and restricted view. This is readily understood when we consider that the field of surgery has developed largely by special work, making it impossible for one man to write authoritatively on all the subjects in a comprehensive work.

The International Text-book of Surgery has received widespread and universal commendation, being adopted as a text-book in nearly all the medical schools.

Volume II now ready.

THE INTERNATIONAL TEXT-BOOK OF SURGERY. Edited by J. Collins Warren, M.D., LL.D., of Harvard University and A. Pearce Gould, M.S., F.R.C.S., of London, Eng. Vol. II. Special or Regional Surgery. Handsome octavo. 487 illustrations and 8 lithographic



plates. Philadelphia: W. B. Saunders. 1900. 1,080 pp. Price, cloth, \$5.00, net; half morocco, \$6.00, net.

Volume I has already received universal commendation and Volume II also maintains the same exceptionally high standard of excellence. A glance at the names of the contributors alone is sufficient to show that this work must stand as the standard *par excellence*.

It is pleasing to note that conservatism is the distinctive attitude of the various writers of this book, making it a marked contrast to the widely prevailing radical methods of the past few years.

One of the most interesting if not most valuable features of the work is the consideration given to military, naval and tropical surgery. This is based on the latest experience of military and naval warfare, including that gained during the Spanish-American War and the present wars in the Philippines and in South Africa.

The editors and publisher have spared no pains to make this a deservedly successful work.

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## PERSONAL AND NEWS ITEMS.

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CAMP OSCEOLA, FOR BOYS, LAKE ASQUAM, HOLDERNESS, N. H. — A refined summer camp for a limited number. References: Le Baron R. Briggs, A.M., Dean of Harvard College; Rev. Endicott Peabody, Head Master of Groton School; D. W. Abercrombie, LL.D., Principal of Worcester Academy. For information, address George P. Campbell, 15 Brewer Street, Cambridge, Mass.

THE fiftieth anniversary of the New York State Homœopathic Medical Society will be celebrated by a Jubilee meeting to be held in Brooklyn on October 3, 4, and 5, 1900.

In addition to the usual work of the bureau there will be special addresses on the relation of homœopathy to each of these branches of medicine. There will also be a series of special addresses by eminent physicians from various parts of the country. The program further provides for a banquet

on the evening of the second day. The third day will be devoted to a series of clinics to be given at the various hospitals in New York City.

FOR SALE. — In large Massachusetts city, a first-class practice. Splendid opportunity. Address "M. D.," care of Otis Clapp & Son, 10 Park Square, Boston, Mass.

DR. CLARA E. GARY, of Boston, expects to sail on May 9 from New York for a five months' stay in Europe. She intends to spend most of this time in Paris and Vienna in the study of electro-therapeutics and in general medical research. During her absence from this country, Dr. Ellen Gay Hutchinson will take her practice.

DR. HORACE PACKARD has returned from a three weeks' trip in the South.

DR. WESLEY T. LEE has received an appointment on the staff of the Somerville hospital.

DR. FREDERICK W. COLBURN, class of 1897, Boston University School of Medicine, has opened an office at No. 35 Newbury Street, Boston, where he will devote his attention to diseases of the ear exclusively. Office hours, 2 to 4 P.M.

DR. W. BRYANT GUY, class of 1899, Boston University School of Medicine, has removed from Roxbury to No. 900 Huntington Avenue, Boston. Diseases of the chest a specialty.

DR. WILLIS H. SAWYER has removed from "The Peabody," Ashmont, to the Hotel Dorchester, Columbia Road, Dorchester.

DR. DAVID W. WELLS, eye specialist, has removed his office from 391 Boylston Street to Westminster Chambers, Copley Square, Boston.

WANTED. — A position as substitute by a young physician, graduate of Boston University School of Medicine. Address "R. O.," care of Otis Clapp & Son, 10 Park Square, Boston, Mass.

PRACTICE FOR SALE. — A physician retiring from general practice desires to dispose of his business in a suburban town within a short distance from New York. The practice is large, among a refined class of people, and collections are a very large percentage of charges. The place demands a man of experience and some capital, and to such a one affords an exceptional opportunity. Address "W," care NEW ENGLAND MEDICAL GAZETTE (Otis Clapp & Son), 10 Park Square, Boston, Mass.



# THE NEW ENGLAND MEDICAL GAZETTE

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## COMMUNICATIONS.

### ANNUAL ADDRESS TO THE GRADUATING CLASS FROM THE FACULTY.

BY WALTER WESSELHOEFT, M.D.

*Mr. Dean, Ladies and Gentlemen,*—The few remarks I have to offer must be addressed to the members of the graduating class, from whom the faculty I have the honor to represent are now to take leave. I will not call the roll, but take it for granted that on this occasion none are absent without good cause. Nor will I continue to treat the subject of my last lecture, for which we found no time in the hurry and stress of your final activities. But there is a sort of poetical justice in the fact of my being called upon to say the last words to you within these walls, since I could not finish what I wanted so much to say to you at the end of my regular course.

In addressing you for the last time I cannot hope to say to you all that remains to be said, but will ask you to believe that my brief words are intended to express in some measure what your faculty, who have so long had your interests at heart, would wish to say to you in parting. You leave us now, and our relation changes, but the new life you are about to begin cannot differ essentially from that you are leaving behind you. You will ever remain students, and none of you can go so far that the school, which for four long and laborious years has had your interests at heart, will not follow you and in some measure watch over you with both solicitude

and pride — with solicitude for the hardships through which you must struggle before you can reach independence and success, and with pride in the knowledge that we have been able to fit you to meet these hardships and that you have taken advantage of your opportunities. To give expression to these kindly emotions is all that remains for us to do, much as we would gladly give you on your way besides.

Let me urge you, then, to remember always the ties which have bound you to us. They are the ties which hold you to your profession, to the principles we here represent and teach, and to the school which shall stand and flourish by your aid and support. They are the claims to your affection and consideration which we feel you will always honor. If you regard them you will love and cherish your profession and hold high its ideals and its best aims and aspirations. Through all the obstacles you may meet — and they will be many — all the opposition, all the competition, fair and foul, all the doubts and uncertainties in the presence of danger and the gravest responsibilities, you will never forget your sacred duty to your profession. Not only those add to its power and influence for good who add original knowledge. It is given to few to do this. But they also do their share towards advancing its interests who strive earnestly to live up to its best teaching. So long as you are true to your profession, so long as you bear in your hearts a genuine and unselfish love towards it, standing ever ready and willing to make sacrifices for it, so long it will not fail you. Remember that practical knowledge is scientific knowledge, and that in sound judgment and skill of the well-trained mind and hand lie both your success and all progress.

If you remain true to your profession it cannot fail that you will remain true to the principles we have here endeavored to inculcate. You will see more clearly from year to year, as painful experience opens your eyes to higher truths, that the principles on which we stand, and which you will be called upon to represent, follow directly from the wider principles of all science. And these principles you must uphold in greatest purity. As you will never approach the sick

room or an operation with noxious or contaminating influences clinging about you, so, too, you will practise a moral and, what is the same, a scientific or intellectual asepsis. To purge yourselves of avoidable error, to use only such means which, while they promise aid, cause no unstudied injury, that is, the mildest, most effectual, and safest measures, means more than giving small doses. But it means this also. It means that you recognize the fact that a bistouri may sever what should remain intact, that the instrument by which you are attempting to save may injure irreparably. And in the same way, that the drug you are administering has more effects than curative and palliative ones. As you study to direct your knife where its point may safely go, you will study to apply your drugs in such directions only in which no harm can follow, while you seek to effect the greatest good. To many an ingenuous mind this may seem a trite remark, expressing a universally accepted professional rule, too much a matter of course to be mentioned now. But you will bear in mind that we would not be your teachers, that our school would have no good ground for its existence, if this was the leading rule of the profession at large.

I ask you, then, to hold fast to this : that medicines possess a curative power aside from their poisonous or physiological one ; that this can be ascertained only by the most careful, exhaustive experimentation and be applied only after the most diligent study. The fundamental rule of medicinal therapeutics is now and will ever remain to discover by accurate proving the effects of drugs on the healthy ; to determine their relation to pathological processes, and to administer them in such form and quantity as to ensure their curative effects without endangering normal functions and processes.

If you will hold to this you will be following a strictly scientific rule, not an exclusive dogma or a vague hypothesis, but a principle more and more clearly appearing and appreciated from year to year. If you hold to it you will be in no danger of excluding from your study and practice the countless beneficent measures and agencies lying beyond it,



but you will be able to judge more surely and clearly of their merits and the times and occasions for their use.

If, then, you hold to the love of your profession, and to the principles we have taught you, you will hold also to your love and loyalty to our school. This we ask of you and urge upon you. As you go from us now, happy in the accomplishment of the aims with which you came to us, you may forget the labor, the care, the grave problems confronting your teachers. But as you meet the cares and responsibilities of your daily professional lives you will not fail to see more and more clearly how vital, how indispensable to your own standing and progress is every aid you can give to our institution. It is the aid that must come, in fact, from your best endeavors in life and practice, from your aim and determination to do your part towards raising the standard of medical education, to give from your knowledge and from your means the assistance the school demands from every one of its alumni. Your diploma must not be looked upon solely as your qualification to practise; it must be to you a constant reminder to uphold the honor, the usefulness, and the advancement of the school which has conferred it.

With these few parting words, then, I bid you in the name of your faculty a hearty farewell; and while wishing you every success and blessing, we extend to you the promise of our constant readiness to help and advise you in whatever way in our power, as we look upon you to fill our places when we shall have ceased to practise and to teach.

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## DISEASE HEREDITY IN RELATION TO CHILDHOOD.

BY GRACE E. CROSS, M.D., BOSTON, MASS.

[*Read before the Twentieth Century Medical Club, May 2, 1900.*]

In announcing the above as the title of the paper and subject of discussion for this evening, I am aware that it suggests, on first thought, less of interest and profit than

would perhaps the name of some acute disease which is of daily familiarity, or that of some obscure and rare pathological condition upon which we are eager to obtain new light.

Nevertheless, I am moved in my selection of this subject by a most profound conviction that in a thorough understanding of the hereditary and congenital disadvantages under which perhaps most of our little patients enter the struggle of life lies the solution of many of the difficulties which we as their physicians encounter in striving to build, upon such foundation material as comes to hand, the most perfect structure possible of mature health.

It is, indeed, necessary that one be equipped to act with promptness and wisdom in the face of those frequent emergencies which occur in the life of the child. Who of us in presence of the frightful laryngeal stenosis of membranous croup has not felt how all too futile sometimes proves the best that science brings us for its relief? And again, how often have our utmost energy and resource been taxed to counteract the deadly devitalization of cholera infantum and to fan into new strength the flame of life that flickers so feebly; or, in the delirium of meningitis, how have we watched from hour to hour for the slightest change in the little one's condition, hardly knowing whether to pray for life or for death, so often, if life be the issue, does the little brain fail to regain its original strength and power of development?

Indeed, I would not underrate the importance of an approach to perfect knowledge and absolute wisdom in the management of the serious crises of childhood. But in time, if the child passes these, relief comes — the spasm of croup relaxes, the awful choleraic drain ceases, the fever in the brain subsides, and convalescence ensues.

Yet perchance after a time, croup manifests its grim tendency to recurrence, the victim of cholera infantum is overlong in recovering his normal condition, and the convalescent from meningitis continues indefinitely in a vague state of ill health. Is there anything in a more complete knowledge of the child's *heredity* which shall help us in hastening the

progress of recovery from acute conditions and in lessening the tendency to subsequent onslaughts of disease?

It has long been conceded that scrofulous babies are more subject than others to croupous attacks; incipient tubercular affection is surely a predisposing cause of the bowel and brain troubles of infancy; and for how many ailments and diseases of innocent childhood is responsible that dread scourge *syphilis*, which most truly "visits the sins of the fathers upon the children"! I have mentioned only a few diseases as being more or less directly affected by hereditary taint, to say nothing of that neutral and unsatisfactory state of malaise, malnutrition, and general lack of vitality in which some children who never have a severe illness go through childhood to perish in adolescence or survive to a lifetime of ill health. But so widely potent is the law of disease heredity that it is limited only by the utmost bounds of the whole pathology of youth.

I believe that our duty as family attendant does not cease with the termination of the acute illness, whatever its character. We perhaps enter the family as accoucheur, and having acquitted ourselves creditably, are called in from time to time, as sickness invades the home. I feel that we have an especial duty to these little ones whom we meet at the very threshold of life, and that we owe it to them, so far as in us lies, to help them onward toward that health of body and mind which, to a great extent, means happiness as well.

I intend to give a few pen pictures of typical dyscrasiæ to serve as centres around which each of you will perhaps gather little groups of children whom you know, and to add a few suggestions of remedial measures which I hope will inspire a profitable discussion as to the best means of combating these morbid congenital conditions.

First, the scrofulous child. He may stand before us in form slender and graceful, in complexion fair, often noticeably white, with the skin so thin and translucent as to show a network of blue veins, and with brilliant, fleeting color quickly mantling cheek and brow upon the least excitement, and as quickly subsiding. The eyeballs are large and promi-



ment, the pupils unusually spacious, the sclerotic a lustrous, bluish white, and the eyelashes long and graceful, unless injured by disease. This is the "erethitic" type.

Or again, the child with a scrofulous taint may appear of stunted frame, with enlarged joints and protuberant abdomen, having a thick, sallow skin, eyes dull though sometimes large, with disagreeable, often heavy, coarse features, an unusually large head, thick chin, tumid upper lip, and enlarged cervical glands. His flesh is soft and flabby, and his whole appearance is heavy and listless, though this type is not unfrequently intellectually acute. In coloring he may be either blonde or brunette. This is the "phlegmatic" type of Miller, corresponding to the "torpid" type of the earlier writers.

We shall have little difficulty in assigning certain of our little patients to one or the other of these groups. But how shall we *early* recognize the scrofulous tendency in the child, and so bring to bear every means in our power to prevent its development? First of all stands the *family history*. There a tendency in certain directions to attempt to overthrow the heredity doctrine, and to claim that contagion alone is responsible for the propagation of certain constitutional diseases among members of the same family.

Nevertheless, even these writers concede that tuberculosis is hereditary in the sense that children of tuberculous parents inherit *tissues* which are favorable to the development of the disease. In other words, according to their theory the child supplies the special *culture medium*, and as according to the latest experiments in the analysis of air, the tuberculous *germs* are not wanting, especially in the air of cities, the *result* is practically the same.

I think in the face of figures as well as of observation we are not yet entirely ready to accept so radical a departure. However explainable, statistics show that in a large majority of scrofulous cases, phthisis, syphilis, scrofula, or some other blood dyscrasia is manifest in the parents or ancestors; and in any case, given the knowledge of blood taint in the parents or their ancestors, it becomes the physician's duty to be

on the alert for the slightest indication of a morbid constitutional tendency in the child.

The *skin* is one of the earliest organs to show the affection — by means of eruptions, chiefly on the head and about the nates, these eruptions being characterized by a tardiness of development and recovery and by a proneness to ulceration.

The *mucous membranes* are often early affected, manifesting a tendency to chronic inflammation, especially of the nose, ear, and vagina; these inflammations are often characterized by a watery discharge which excoriates the neighboring parts.

The *glands*, especially the cervical, frequently become involved, the inguinal, axillary, and bronchial less often. We all are familiar with the tedious train of symptoms, — the infiltration, the caseous degeneration, the subsequent suppuration, the disfigurement, and the long-delayed convalescence, which so often follows these invasions.

All the above-named conditions are extremely apt to go on to ulcerations of a weak variety, which, nevertheless, cause scars out of all proportion to their violence.

I have used the word “scrofula” in referring to the above conditions, yet we know well that scrofula is, in reality, but a prodromal stage of tuberculosis, under which head must come all cases wherein the scrofulous condition has become localized in one or another tissue, or, as one writer has expressed it, has come to have a “local habitation and a name.” The newborn child is rarely the victim of localized tuberculosis; but this condition once established may affect almost any or every organ of the body, and must then receive treatment or palliation as indicated.

It is to the dyscrasia or tendency to scrofula, or tuberculosis, describe it as you will, that I wish especially to direct attention in the matter of treatment. We may recognize that a certain child, with a bad inheritance, is “delicate,” though he may have no fixed symptoms towards which to direct treatment. Yet, shall we leave him without attention until some day an acute illness or overstrain shall light up

the smouldering condition, and, seizing upon some organ more susceptible than the others, shall quickly destroy its tissue and with it the very life itself? Let us choose rather to so strengthen and increase the vitality of this patient that he can safely win through even a severe attack of childish illness, and make a desirable convalescence. Let us impress upon the parents, in the most forcible way possible, that the health, and very possibly the life, of their child depends upon a careful and absolute adherence to the advice of the medical attendant, regarding the regulation of the child's habits of life, even to the minutest detail. This does not necessitate a "big doctor's bill," — that bugbear of so many families, already overtaxed by the demands upon their resources — but simply that conscientious study of the condition of the individual case and general oversight, which usually profits the patient far more than the physician.

Each hygienic detail should be carefully prescribed to fit the case in hand.

*Pure air*, which, in its best sense, means high and dry air, is most essential to the well-being of these patients. Bathing, especially *cold bathing*, just as soon as the child can be accustomed to it, is very important. I would not take a delicate child, who had been used to the warm bath, and at once plunge him into a tub below the normal bodily temperature; but, in a warm room, even before a fire if need be, I would gradually lower the temperature of the bath from day to day, being governed always by the reaction obtained in the individual case. Sponge bathing — and a quick sponge bath at that — is preferable always. This, if it can be done, acts almost with the stimulating effect of an electric shock, and with added advantages. This applies to suitable cases only. There are those where the cold bath is not to be thought of, notably when it causes immediate prostration, or else abnormal activity of the emunctories, whose waste is more than the enfeebled system can replace.

*Sleeping*, in these cases, is a very important consideration. A foolish idea prevails that feeble children are in danger of "sleeping away their strength." Let the delicate child



sleep *whenever he can*, always providing it be in pure air. It is one of his means of conserving vitality.

*Feeding* must be carefully regulated. Opinions vary widely upon this subject, but in my own practice I aim to enforce a diet which shall supply *all* the elements required by a healthy organism to cover the demands of growth and repair. These patients frequently refuse meat, butter, and fats; I always substitute meat juices, and allow a moderate amount of loaf sugar, or pure candy, to partly supply the carbohydrates, supplementing the same where it seems wise by the habitual ingestion of pure olive oil and inunction with the same or with lanolin.

And last in order, but by no means least in importance, among hygienic remedies, comes the habit of *outdoor living* — in pure, high, and dry outdoor air, if possible to obtain it, but *outdoor* air in every case, for, if the climate or the especial locality be not of the best, in what way is it improved by diluting its atmosphere with the lifeless, and perhaps germ-laden air, of the closed apartments? There is quite a fad just now in favor of out-of-door sleeping for tuberculous patients. I say, let the child with tuberculous tendencies *live* out of doors as many hours as practicable of the twenty-four, being governed, of course, in this climate, by the atmospheric variations, as they present themselves. If it be summer, practically all the daylight hours may be spent in the open air. Let the patient eat, play, rest, and take his nap in the open air; and, if the case be not too far advanced at the beginning of treatment, you will be surprised to see how much time he is able to spend the next winter in the open air without discomfort. Before and above all else, in rank of importance, then, stands the *open air treatment*, in all cases of constitutional taint.

*Medicinal remedies* have their place in the correction of the scrofulous diathesis, and here homœopathy has vast opportunity to display its superiority over other systems of cure. The tissue remedies, as indicated, with arsenicum taking the lead among others, may be used in connection with hygienic measures to great effect, but they must be carefully selected and long persisted in.

I have spoken upon the subject of scrofula at length, but I have done so because I feel strongly that these cases are too often abandoned as irrevocably doomed from the outset, or else neglected by the attendant until the manifestation of localization renders the prognosis thoroughly unfavorable, and because I feel *as* strongly that by conscientious, if sometimes unappreciated, work, the later development of the dyscrasia of scrofulosis may, in some considerable number of cases, be averted.

And now we come to the consideration of the much-vexed question of *hereditary syphilis*, into which one cannot enter with any fulness in a paper of this length, so that I shall merely attempt to review its more important manifestations, with especial regard to their bearing upon the general management of the childhood life of its innocent victims.

In early times this disease was not considered transmissible. In fact, the first positive declaration in favor of this idea came from Paracelsus in 1529. Later this was doubted, until further investigation having made the matter clear, Ferrier, in 1553, clearly defined the mode of infection during intra-uterine life. Even since then the possibility of the entail of syphilis upon descendants has been doubted, while extremists in the other direction have extended its influence to cover nearly every ailment of childhood. There is a middle view, which is probably the most correct; but even taking this as the basis of our judgments, we cannot consider the matter too gravely, nor, in view of the contagiousness of its lesions, as well as the far-reaching constitutional effects upon the afflicted individual, can we be too careful or prompt in attributing its manifestations to their proper cause.

The child may be infected either *in utero* or from the maternal structures at the time of birth. The latter cases are not few in number, and are, in a sense, hereditary, though perhaps oftener classed by the syphilographers as acquired. In my brief consideration of the matter, I find it more practicable to class all syphilitic affections of childhood as hereditary, for, if we are called, for the first time,

to a case in later childhood, it is frequently impossible to determine whether it be one of so-called-acquired syphilis or an outbreak of the masked or retarded variety which has existed from intra-uterine life.

The mortality in the hereditary form of this disease is enormous. I know of no statistics which show how large a percentage of children conceived by syphilitic parents are lost by abortion or miscarriage, but Fournier has collected statistics from the world over regarding the mortality of children born of syphilitic parents, and the well-known Moscow list of 2,000 cases confirms his conclusion. He says that of this class only *one in four*, or *twenty-five per cent*, survive, whereas the records in acquired syphilis show cures more or less permanent, amounting to  $97\frac{1}{2}$  per cent. Most children with fatal congenital syphilis fortunately die within the first year. One cannot help thinking their fate happier than that of those little unfortunates who live on doomed to a life of feeble health and subject to repeated outbreaks of the temporarily subdued infection.

First, let us consider how we shall recognize the syphilitic infant, and then what pathological conditions of later childhood warrant us in suspecting specific blood taint, and directing our treatment accordingly. Dawbarn, of the New York Polyclinic, has recently formulated a list of twenty-seven clinical signs by which we may recognize the congenital syphilitic. I shall not even mention all of these, and refer to their number simply that we may not lose sight of the great range of pathological involvement which this disease displays.

To be brief, *snuffles*, *hoarseness*, and *rash* in the very young infant are decidedly characteristic of the early manifestation of the disease, and, though pathognomonic of some other conditions, are enough when occurring in sequence to make us regard the case with suspicion and closer observation. The "snuffles" of the syphilitic infant is the result of a real infiltration and occlusion of the nares, and is sometimes so serious as to interfere with nursing and even to cause insomnia. This symptom is soon followed by a hoarse



cry caused by the extension of the same condition to the larynx, and at about the same time the efflorescence appears. This latter may be so mild as to closely resemble the benign rashes of infancy, or may develop into maculæ, pustulæ, and bullæ according to the virulence of the case, even showing itself in the form of rupia, which consists of thick layers of crusts piled up in conical groups. All these types are curable, but there is another which is almost invariably fatal, namely, the *syphilitic pemphigus*. This consists of large and numerous bullæ, which, unlike the other skin lesions of syphilis, appear commonly on the palms of the hands and the soles of the feet, and the virulence of which they are the sign quickly exhausts the vitality of the infant.

*Mucous patches* are common upon the lips, mouth, nose, larynx, and anus, and condylomata are apt to appear at the muco-cutaneous junctions, or where there is chafing of the skin. A very common seat of these is at the angles of the mouth and nose and on the lower lip.

*Alopecia*, or baldness, is seen more rarely, and hemorrhages, as of the umbilical cord, may occur.

There is frequently involvement of the internal organs in the early forms of the disease, more especially enlargements of the spleen and liver.

The more acute symptoms may be followed by various neuroses, notably paralyses, and osseous signs may be present, generally occurring rather late than early.

I have not time to go into the differential diagnoses of each of these specific conditions from others similar to them, and it is not necessary for my purpose, which is, in part, to consider how we shall so subdue the infantile symptoms in curable cases as to give a reasonable expectation of subsequent health, and again, to insist upon the necessity of early recognizing the recurrent manifestations of later childhood, in order to check as quickly as possible the inroads of the disease upon the system.

In infancy the treatment is, of course, mercury first, last, and always. It is the *form* of administration that is important. There are three modes — by the stomach, by sub-

cutaneous injection, and by the skin. Rotch, of Harvard, favors the application to the skin by means of ointment, just as is now done in cases of acquired syphilis in all the larger hospitals. I give his formula : —

R̄ Unquenti oleati hydrargyri  
Unquenti lanolini āā    ʒij  
M.

It may be applied by rubbing in a small portion of this for ten minutes over a separate portion of the body each day, occupying about five days in an entire inunction, always first thoroughly washing off the portion to be treated with soap and warm water. For instance, the first day apply to the back, second day to chest and abdomen, third day in axillary regions, fourth day to outer surfaces of arms, fifth day to outer surfaces of thighs. Or in the case of young infants, Rotch recommends applying the ointment thickly to a wide abdominal band, and it is then, by the constant motion of the body, rubbed in and absorbed. This remains on for forty-eight hours, and is then removed, a warm soap bath given to the parts, and a fresh band applied.

In addition to the mecurial treatment, the best hygienic conditions must of course be insisted upon and palliative treatment applied to special lesions.

Now in the case of the 25 per cent who, according to Fournier, survive infancy, what conditions of later childhood might lead us to suspect syphilis in the system? This is, to my mind, by far the most important consideration, for while a correct diagnosis is of great moment to the future of the individual, we must remember that these children are generally of school age, and a whole room full of little ones, to say nothing of the teacher, are subjected to possible contagion.

Mucous patches are *always* contagious, whether they occur in the sixth week or the sixth year of life, as are also moist specific ulcerations at the angles of mouth or nose, whether appearing in infancy or at puberty. One can hardly

enter any class room without seeing one or more cases of that peculiar ulceration extending along the edge of the finger nail which must certainly be viewed with suspicion, and I have myself observed in the school room a number of cases of *syphilitic dactylis*, which, as you know, more commonly involves the first phalanges, and may in time even break down their tissue.

So long as it is possible in any school room, in any of the several communities which we represent, for lead pencils, whose flavor seems so alluring to the average child, to be interchangeable, for drinking cups to be common property, and for the clay used in modelling to be gathered up at the end of a lesson from all desks impartially into one soiled, germ-laden, and possibly infectious mass, just so long a certain duty remains with us as guardians of the public health. With the knowledge of all that such conditions may mean in the health history of the school child, let us go out with the determination, so far as possible, to search out such cases in our own clientele for advice and treatment, to put teachers upon their guard against these elements of danger, and finally to create such public sentiment as shall demand hygienic measures to exclude at least *this* most frightful source of contagion.

As to the symptoms of later childhood, there are others which are, perhaps, quite as important to the welfare of the individual as those I have mentioned, if less so as regards contagion. There may be *eye troubles*, some of which, when neglected, may cause blindness. There may be *iritis*, *choroiditis*, *retinitis*, and *optic neuritis*. *Keratitis* is the one of greatest value as a diagnostic symptom, and gives rise to the "ground-glass cornea." There may be inflammation of the *middle ear*, which symptom is, of course, useless for diagnosis unless associated with certain others. *Neuroses* are more frequent in later life than in infancy, and there may be *periostitis* and *osteo-peuchonditis*, leading to great suffering and some deformity. There has been much discussion as to whether a syphilitic inheritance induces rickets, but it is now held by the best authorities that rickets, if it occurs in



congenital syphilitics, merely supervenes upon the deteriorated condition of the blood.

The temporary teeth of syphilitics appear early, and have no especial characteristics, but the *permanent teeth* present certain suggestive appearances, which have been accurately described by Hutchinson, so that these peculiar formations are commonly known as *Hutchinson's teeth*. The upper central incisors are the ones most involved; they show a notching of their lower edges, and frequently are peg-shaped. He considers that these occur only in cases which have had syphilitic stomatitis at an early age.

These, then, are the common characteristics of syphilis in older children. No one case presents them all. Perhaps the most frequently occurring combination is that known as *Hutchinson's Triad*; namely, "notched teeth, ground-glass cornea, and otitis media, corresponding to the triad of infantile symptoms, snuffles, hoarseness, and rash."

As to *treatment*, mercury alone seems to have lost its efficacy in the later manifestations of hereditary syphilis, and iodide of potash, in two to ten grain doses, either alone or in combination with 1-100 grain of corrosive sublimate, seems to have practically given the best results; though in individual cases the dose of iodide of potash, alternated with our own second of mero corr. has served well.

Here especially hygienic surroundings play a most important part; good feeding, plenty of exercise, bathing (but not cold bathing), and good air (but not cold air). Cold fosters syphilis, while warm air antagonizes it, being exactly opposite to what obtains in the case of scrofula and tuberculosis. Upon a careful supervision of the life habits of the child, and the occasional application of constitutional treatment *even during health* to a child whom we know to be tainted with syphilis, depends to a large extent its health through puberty and into adult life. It is here and in the direction of lessening the chance of contagion that the physician's duty lies. Acute disease, as in other dyscrasiæ, is apt to stir up the dormant poison, and so, in convalescence, the attendant must be always on the alert to forestall or abort its effects.

It may seem, perhaps, that I have occupied a great deal too much time in the consideration of two diseases, scrofula and syphilis, to the neglect of others which may possibly at first sight appear equally important. But in turning over in my thought the material for this paper before putting it into form, the subject which at first appeared wide seems later to be confined pretty nearly within these limits in my mind, as I think it may in yours, and we shall, perhaps, agree together that if disease be sin, as some claim, then these two, scrofula and syphilis, together cover (or expose), as the case may be, as great a multitude as did every charity.

And now, in conclusion, I want to enforce again the fact that not only in acute illness are the physician's services of value, but still more, especially in children with dyscrasiæ, is there necessary that watchful oversight of the developing childhood of our young patients which only the painstaking, conscientious practitioner is willing to give. There are many things for which we, as medical advisers, are never paid in the coin of the realm, even by our best-paying patients. Is not this constant voluntary watchfulness, as of a sentinel on guard, one of those duties for which the increasing health and well-being of those in our charge will, to most of us, prove adequate reward?

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## INFANT FEEDING IN HEALTH AND DISEASE.

BY FRANK A. HODGDON, M.D., MALDEN.

(*Continued from page 284.*)

Rachitis or rickets is one of those diseases in which nearly all that can be done in any way may be done by a rigid dietetic treatment. Probably no disease is so markedly a disease of malnutrition as rickets; the fault may lie in an inherited weak digestion, but is most likely to be the result of improper or insufficient food.

This food may be breast milk of a mother or a wet nurse, who is herself enfeebled by chronic disease, by oft-repeated

pregnancies, or the quality of the milk may be injured by injudicious diet, loss of sleep, emotional or nervous disorders.

The poor, for instance, often nurse their children for too long a period, and often before weaning allow them to go to the table and partake of fried fish, pickles, potatoes, pork, raw fruits, beer, etc. These children furnish the larger share of rickets. In all doubtful cases the milk of the mother or wet nurse must be examined, and if found wanting must be improved in quality. If the child is already weaned, the cause may be a poorly selected diet, such as patent baby food, or any food that is rich in starch and poor in fat, and in some cases excess of the earthy salts.

It may be caused by withholding all lime salts from the food, but especially calcium phosphate, and young, growing animals, failing to receive a fresh supply, absorb lime salts from the bones already formed for the benefit of the newer ones, and thus all the bones become soft after a time.

Leeds and Davis believe that the use of milk sterilized at a very high temperature predisposes to rickets.

The best prophylactic against rickets is to keep the child nursing during the first year at the breast of the mother or a good healthy wet nurse.

It is too common practice in this country for mothers to wean their babies too early, and without a physician's advice to resort to some of the patent baby foods on the market, and thus lay the foundation for rickets later in life.

The dietetic treatment of all rickets in a child that has been weaned consists first of all in supplying good fresh cow's milk modified to resemble human milk. It is very important that it contain a sufficient quantity of fat.

If the child is to be bottle fed the milk should be sterilized to prevent fermentation in the stomach, and among the poor who cannot afford to purchase prepared milk, the milk as soon as it reaches its destination should be heated and a few grains of bicarbonate of sodium may be added to it.

A plug of baked cotton should be put into the bottle instead of the cork. When given, the milk should be diluted



with barley water or oatmeal water, add a little salt, and strain through a fine cloth, then add the sugar of milk; the proportion of milk is half and half for the first six weeks of infancy, and then the quantity of milk is to be gradually increased until the period of six months, when it should be three parts milk and one of diluent; then increase to the ninth month, when it may be in the proportion of four to one, and at the end of the year it may no longer be diluted at all, but given clear.

In the first two or three months of infant life the saliva does not contain any ptyalin, and in consequence cannot digest starch, so no farinaceous food should enter the stomach at so early an age.

Starch acts as a local irritant to the intestines when it is not digested, and the pancreatic juice digests it poorly, so it is a burden for the system to get rid of.

The needs of young children are for fats and not for sugar or starch. All preparations of condensed milk are very deceptive in their action upon the system, for the children appear to be well nourished and increase in weight, but cannot stand much of a sickness, for their muscles are soft and flabby, and such children are much more subject to bowel troubles and cannot bring the amount of resistance to bear that their looks would indicate they might.

A good aid to digestion of a cereal is found in the following: one teaspoonful of barley flour to be boiled in four ounces of water, and when nearly cold add fifteen drops of Forb's diastase to it and the gruel becomes at once very thin from the digestion of the starch. This is a very useful adjuvant to the milk employed in the nursery; especially is this so in very young children.

At six months old or more the child can begin to take a little food containing albumen in the shape of mutton or chicken broth or the expressed juice of rare roast beef or beef steak.

A little later the diet may consist of cow's milk, cream, beef juice squeezed from beef steak, and broths, and stale bread crumbs may be added. Later still the child may take

scraped beef or a raw beef sandwich, or bread and butter with meat pulp between them; beef tea, mutton and chicken broths are good, a little fresh fruit juice is good, especially orange juice.

A little currant jelly added to the meat juice will improve its flavor and assist older children who object to it to take it.

Some children may be given eggs, either beaten with milk or sweetened or soft cooked. If looseness of the bowels comes on, stop meat for a time and put the child on to a diet of koumiss or matzoon or pancreatinized milk.

Some children can take pure cod liver oil a few drops in their food, two or three times a day. Older children should have fat in the form of fresh butter on bread or cream on baked apples. The fat of bacon is most digestible, and the child may dip its bread in the bacon fat or be given a piece of bacon to suck.

Inunctions of sweet oil two or three drams a day may be rubbed over the legs and lower abdomen of the child. It is always well to bear in mind that rachitic children are at fault in regard to their teeth, so a diet must be arrived at that will make it very easy for the child to eat.

If in the years that come and go we may be able to feel that some lives have been saved and children given a better start in the world, and that a diet has been found that will nourish both body and mind, and contribute somewhat to the fund of intelligence already in the world, then we shall feel fully repaid for all the sleepless nights and anxious days that we have given to the study of this subject.

If we are able to elevate the tone of the morals as well as of the mind and body, by a well-balanced diet, then we shall feel a justifiable pride in the fact that we have seen results, and that those results will not only be felt in the near future, but for all time.

#### STERILIZED MILK.

Infants require food adapted for growth. The food of the adult must be one which will replenish waste. There is no

food more universally employed for both periods of life than milk, and the question is how it can be used to the best advantage for the needs of the organism at each period.

Milk as a food for infants gives the most trouble on account of the difficulty of adapting it to each particular case. It is not enough to look up a table describing the capacity of the stomach for each month of life, compare it with another table of composition of human milk, and then write a formula for the corresponding amount of the first in the proportions given in the second table. Each case must be treated as an individual in view of the fact that we have yet to find any one infant food suited to all babies.

The simpler rule is to prepare the milk in a weak dilution, and to change the constituents of it as the case may require. Overfeeding and an excess of proteid as compared to the fat is one of the most common causes of indigestion. Young infants suffering from indigestion or diarrhœa require one per cent and often less of proteid, but the percentage of fat must be larger in proportion (two per cent) than we find in the proportion of fat to proteid in human milk.

The selection of the milk is of considerable importance. Milk from a mixed herd of native cows is better than from a fancy breed such as Jerseys, which give a high percentage of fat and are more prone to tuberculosis. Milk from cows fed on an excess of green food such as sowed corn or silo is much more likely to disagree than if it comes from cows fed on a moderate amount of green fodder supplemented by hay and grain.

The danger from milk lies chiefly in three things: tubercle bacilli from tuberculous cows, typhoid bacteria from contaminated water used in washing dairy utensils, and the bacteria-producing lactic acid, or, in other words, sour milk, the latter being the most common cause of gastro-enteritis. The examination of the cow for tuberculosis should be an invariable rule to exclude the tubercle bacillus. Typhoid is a rare complication of infancy, but inspection of the premises and the free use of steam in cleaning the utensils, as is commonly practised in many creameries, will exclude the



second danger, and we have left the treatment of the bacteria-producing lactic acid fermentation.

These can be treated in two ways: the very free use of ice to lower the temperature of the milk and inhibit the growth of the bacteria, and by the use of heat to destroy them. The last method is known as sterilizing the milk. Strictly speaking, sterilizing the milk would mean boiling it for ten minutes, but practically it means heating the milk to 168° F., which will inhibit bacterial growth if combined with the subsequent use of ice to reduce the temperature. It is well known that boiling the milk changes its properties. The albumens are coagulated, certain gases driven off, and other chemical changes take place which need no mention here.

Certain it is that boiled milk is more indigestible than fresh cow's milk, and the less it is heated, the more nearly it approaches the digestibility of fresh cow's milk. The hard, tough curd of boiled milk is in strong contrast with the soft curd of ordinary milk, especially if the latter is enriched by fat. The term "fresh cow's milk" is used advisably; the fresher the milk the fewer the germs of contamination, as milk taken directly from the cow is practically sterile. The free use of ice preserves the fresh condition of the milk to a certain extent, and for the same reason milk keeps better in winter than summer. We must also take into account the fact that the hydrochloric acid in the stomach has a very active germicidal power, and is able to destroy very considerable numbers of bacteria which might be in the milk. These reasons have led the writer to abandon heating milk as a part of the method of preparing the infant's food except in warm weather, if the milk can be obtained comparatively fresh from the cow and has been well iced. The fact that milk can be obtained and used fresh from the cow is one of the chief reasons why our colleagues who can obtain such milk for their patients have far less trouble in treating the summer diarrhœas of infants than their less favored brethren.

There is, however, another important distinction between

the milk of the cow and the milk of the human being which neither chemistry nor bacteriology will account for, that is the properties of the casein. In the cow's milk it is deposited in large curds, which are not so easily penetrated by the digested gastric and intestinal juices as the casein of human milk, which is fine and flocculent. Asses' milk has casein more nearly approaching that in the human, but the difficulty in obtaining a supply makes it prohibitory.

The constituents of either cow's milk or woman's milk varies within moderate limits, and yet the nursing infant thrives. Similar variations may occur in modified milk and yet not be detrimental to the infant.

By the term "modified milk" is meant a change in the proportions of the constituents of cow's milk to make it resemble those of woman's milk, and this may be done in the laboratory or at home. The former has the advantage of accuracy and the disadvantage of more or less churning of the milk in delivery, together with loss of time and greater age of the milk. The envelopes of the fat globules are liable to rupture from the violent action of the centrifuge, and free fat globules floating on top of the milk is the result. Such fat forms coarse globules, which are not so easily digested. It is also a question whether milk which is manufactured by combining certain proportions of its constituent parts is digested as well as that prepared in Nature's laboratory. Home modification is approximately accurate, and presumably presents not much more variation than occurs in normal mother's milk.

It presumes that cow's milk from a herd has nearly uniform percentages of fat, sugar, and proteid material, and extensive analyses have shown such to be the case. The percentages in comparison with mother's milk are as follows:—

	FAT.	SUGAR.	PROTEID.	REACTION.	STERILITY.
Human milk . . . . .	4.00	7.00	1.50	Alkaline	Sterile
Cow's milk . . . . .	4.00	4.50	3.85	Acid	?

The proportions of sugar and proteid (casein) remain constant in either diluting the milk or in changing the per cent

of fat by gravity, that is, by setting the milk or by using the centrifugal machine. We may therefore change the per cent of fat without changing the proportion of proteids which remain constant. Careful analysis of milk set for six hours gives the following proportions :—

	FAT.	SUGAR.	PROTEIDS.
Upper $\frac{1}{5}$ . . . . .	12.00	4.40	3.75
„ $\frac{1}{4}$ . . . . .	10.00	4.50	3.85
„ $\frac{1}{2}$ . . . . .	1.18	4.50	3.85
Lower $\frac{3}{4}$ . . . . .	2.00	4.50	3.85
„ $\frac{1}{4}$ . . . . .	0.25	4.50	3.85

Or practically :—

	FAT.	SUGAR.	PROTEIDS.
Upper $\frac{1}{5}$ . . . . .	12.00	4.50	4.00
„ $\frac{1}{4}$ . . . . .	10.00	4.50	4.00
„ $\frac{1}{2}$ . . . . .	7.20	4.50	4.00
Lower $\frac{3}{4}$ . . . . .	2.00	4.50	4.00
„ $\frac{1}{4}$ . . . . .	0.25	4.50	4.00

	FAT.	SUGAR.	PROTEIDS.
Milk set 12 hours . . . . .	Upper $\frac{1}{5} = 16$ .	4.50	4.00
„ „ 4 „ . . . . .	„ $\frac{1}{3} = 4$ .	4.50	4.00

We have, therefore, an excess of proteids as compared with human milk, and by dilution can place it where we wish. The lack of sugar can be maintained by adding milk sugar, not for purposes of sweetening, but because the carbohydrate is needed for nutritive purposes. Lime water neutralizes the acidity of the milk and makes it more digestible for other reasons. When we increase the fat in relation to the proteid, as in the proportions of human milk, we have a softer and more digestible curd. With these facts as data we can make a home modified milk to good advantage. The simplest method with which I am acquainted is that of Dr. C. W. Townsend, published in *Boston Medical and Surgical Journal*, 1899. He takes the top one fourth of milk set for six hours, which represents fat 10.00, sugar 4.50, proteids 4.00 ; as sugar must be added, it is just as well to represent it as :—

FAT.	SUGAR.	PROTEIDS.
10.00 per cent.	4.00 per cent.	4.00 per cent.



A 20 oz. mixture with sterilized water would contain per ounce : —

FAT.	SUGAR.	PROTEIDS.
0.50 per cent.	0.20 per cent.	0.20 per cent.

We must also remember that an even tablespoonful of sugar contains  $3\frac{1}{2}$  and each tablespoonful added to a 20% mixture increases the percentage of sugar 2.00 per cent.

On the above basis if we write, top milk, 43; water, 153; and lime water, 13; sugar of milk, 2 tablespoonfuls, we have :

FAT.	SUGAR.	PROTEIDS.
2 per cent.	.80 per cent.	.80 per cent.
	4.00 (extra sugar)	
	<hr/> 4.80	

A good mixture for weak stomachs or slight diarrhoea. Or top milk, 83; water, 113; lime water, 13; sugar of milk,  $2\frac{1}{2}$  tablespoonfuls : —

FAT.	SUGAR.	PROTEIDS.
4 per cent.	6.60 per cent.	1.60 per cent.

Which closely resembles the percentages in human milk.

(*To be continued.*)

## DEPRESSED MENTAL STATES.

BY D. E. BROWNELL, M.D.

[*Read before the Worcester County Homœopathic Medical Society.*]

Depression in a greater or less degree is usually observed at some period in almost every form of insanity. Excitement also, may precede or follow a depressed stage, in many cases thereby making diagnosis difficult unless we take into consideration that both are liable to occur in the same case, and that a close relation exists between the two states, inasmuch as both involve the higher centres. Depression when

it exists as an insanity seems to depend upon a lowered activity, and consequently an increased resistance of those groups of neurons which form the higher or ideation centres; the increased resistance of the higher centres with which they are in most intimate anatomical relation thereby inhibiting their function. The result of this action is mental pain, slow reaction to stimuli, slow muscular reaction, and diminished general sensibility, all of which can be observed in simple melancholia. There are several well-known agencies that depress and lower the activity of the neuron. Chief among these are exhaustion, physical or mental, depressing emotions, and toxins. We have observed in quite a proportion of our acute cases a greater or less degree of anæmia, which undoubtedly has resulted in lowering the resistance of the nervous system, and exposing it to influences which tend to mental disturbance.

Several writers claim that there is an early stage common to a great majority of insanities, which they term the stadium melancholicum, and from which may follow any one of the various types of insanity. When depression is observed in a mental case, either at the beginning or during its course, a diagnosis, and consequently a prognosis, cannot be made upon the depression alone.

Melancholia presents many clinical phases, any of which may more or less characterize the depressed stages occurring in other insanities. Terms are used to express these phases, such as suicidal, religious, hypochondriacal, and lycanthropic melancholia. *Melancholia agitata* is a type imitated by active delusions expressed through the motor channels. (bites her nails). *Melancholic frenzy* is the counterpart of maniacal furor. *Melancholia attonita* is marked by extreme concentration upon a few painful delusions, and with greatly impaired attention for surrounding objects. Here the increased resistance of the higher centres is often so great as to so inhibit the association of ideas that stupor follows.

A state of depression closely resembling melancholia with stupor has been observed in a circular insanity. We have also seen a marked period of depression precede a maniacal

outbreak in epileptic insanity. Patients convalescing from mania acute may frequently pass into a condition of melancholia and occasionally melancholia with stupor.

Depression, and with suicidal impulse, may sometimes be seen during the development of paranoia. It generally follows closely upon the development of ideas of persecution, and the patient, seeing no escape, desires and may seek self-destruction. Suicidal impulse has occurred during the development of delusions of an ecstatic nature in an adolescent insanity under our care. The patient heard herself called of God and the angels to go to them in heaven, and used every means to act upon this hallucination and destroy herself. A case was under treatment last year that presented the most active suicidal impulses that one often witnesses. She talked rapidly and coherently, generally insisting that she was not ill and that she never felt better in her life. Her physical health was good, although she slept but little for several weeks. She always insisted that she wanted to live, yet seized every opportunity to injure herself. According to the old nomenclature, this case would necessarily have been classified either as acute mania or melancholic frenzy. It presented symptoms of both mental states, and tended to recovery. This case fairly illustrates the now generally accepted belief that mania and melancholia are not two distinct psychoses, but one disorder, comprising phases either of exhilaration or both.

Circular insanity may commence with a period of excitement or depression. Either period may be greatly prolonged or of short duration. During the depressed period the patient shows a marked desire for solitude, is disinclined to occupy herself, and loses all natural affection. Delusions of a self-accusative nature are infrequent. There is, however, nothing diagnostic about these delusions to differentiate them from simple melancholia. The depressed period generally exceeds the maniacal except in attacks with a very short cycle, in which the durations of the periods are usually the same. If the period of depression forms the first part of the first cycle, during this state one would be quite unable



to diagnose the condition. The case might easily be mistaken for simple melancholia, and a favorable prognosis given, whereas, instead of recovery, would follow repeated periods of melancholia, mania, and lucid intervals. The condition of stupor, which is one rarely observed in the depressed period of circular insanity, is like the stupor in melancholia with stupor. The patient is conscious of what goes on around her at the time and relates it, or is able to relate it, afterward. In the stupor of confusional insanity this is not the case. Depression is mentioned by some authors as occurring in confusional insanity; I have not seen it.

We may have various phases of depression as well as excitement in the insanity of adolescence. Imbeciles show a tendency to motor restlessness, but seldom appear depressed. Dementia præcox is a comparatively new term, and embraces a class of cases in which no symptom of mental deficiency may have been observed until the approach of adolescence. In fact, the child up to this time may have shown promise of quite exceptional mental ability. During the period of adolescence a vast variety of mental symptoms may appear. Depression and excitement, uncontrollable impulses, persecuting delusions, and immoral conduct are a few of the symptoms which may occur. The cases most difficult of recognition, however, are those where none of these symptoms stand out prominently. The young person who is noticed to be gradually failing in mental application, through no lack of endeavor, also losing the power of concentration and becoming irregular in habits, showing an irritability and waywardness quite out of proportion to his or her former disposition, is in danger of this form of mental alienation known as dementia præcox, or premature dementia. The activity of the symptoms may be arrested at any stage, but there is left behind a degree of mental incapacity which lasts through the patient's life. Oftener in these cases than in any others, perhaps, is a hope held out to the parents of recovery from what seems to be nothing more than an attack of simple melancholia or mania.

Last July a male patient came to this hospital, who on the

day before had cut his throat. He gave as a reason that it was for his own good to terminate his existence. He had met with losses in business and had been worrying for about a year. He admitted that he drank to some extent, but never to excess. No history of specific disease could be found. He showed considerable depression during the first month, and his case seemed clearly one of simple melancholia, brought on by business worry. After a while it was noticed that he did not speak as clearly as at first; he seemed to be a little slow in getting words to express his thoughts. He sometimes scanned his speech slightly. Upon examination again, the patella reflexes were found exaggerated, the pupillary reflexes somewhat sluggish, and a tremor of the hands and lips was observed. General paresis was thought of for the first time. The case has gone on developing more clearly the correctness of the supposition, and we have now a case of paresis in which we have been able to witness from the beginning the development of the physical and mental symptoms of general paralysis of the insane.

I trust that I have by these few illustrations shown the difficulty of making a rapid and correct diagnosis of the various mental cases that come under the care of the physician. It is only upon a correct diagnosis that we can attempt to make a correct prognosis, and the friends of the unfortunate one look to us most anxiously for an opinion as to the probable outcome of the disease. My object in this paper has been to call attention to one fact—that depression may exist in both the curable and incurable forms of insanity.

## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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## FIFTY-SIXTH ANNUAL MEETING OF THE AMERICAN INSTITUTE.

The fifty-sixth annual meeting of the American Institute of Homœopathy began with a business meeting at the Arlington Hotel, Washington, at 4 P.M., June 19.

The report of the Executive Committee was presented and adopted ; some changes made in the time of meeting of the various bureaus ; report of Treasurer read and accepted ; and as a supplement to the report of the International Bureau of Homœopathy, Dr. George B. Peck, of Providence, presented the following interesting statistics :—

“There are not less than 9,369 regular homœopathic physicians in this country, of whom 1,158 are women ; they support eight national societies, thirty-six state, one hundred and sixteen local, forty-six clubs, eleven alumni associations, and six miscellaneous associations ; ninety public hospitals, fifty general private, forty-five special public, thirty-six special private, and fifty institutions ; also seventy-nine dispensaries, twenty-one medical colleges, with 13,120 alumni and thirty journals.”

The formal opening took place at the National Theatre, which was handsomely and elaborately decorated for the occasion. Music was furnished by the Marine Band.

Addresses of welcome were made by Dr. W. R. King, Chairman of the Local Committee of Arrangements, Commissioner McFarland, Chairman of the Board of Commissioners of the District of Columbia, and Mr. John Jay Edson, President of the Washington Board of Trade and also President of the National Homœopathic Hospital Association.

These addresses were followed by the annual address of



the President of the Institute, Dr. Charles E. Walton, of Cincinnati, Ohio.

Dr. Walton's theme was the necessity of a uniformity of medical laws in all states, so that a license to practise in one state should give the right and privilege to practise in all the states of the Union.

As a result of the suggestions made in the President's address, the following report was subsequently made by the Committee on Medical Legislation. They recommended that : —

The American Institute of Homœopathy, always standing for the highest medical education and requirements for the practice of medicine, and believing in the principle of a license that shall permit its holders to practise in any of the states or territories of the Union, and also believing that this end can be best accomplished by exchange of license between states having similar laws, therefore the American Institute of Homœopathy declares itself in favor of medical licensure reciprocity between the states, territories, and District of Columbia, having practically the same licensing standard, and of securing by statutory amendment such reciprocity.

That the Committee on Legislation of the American Institute of Homœopathy be directed to endeavor to secure through the interstate committee, the state organizations and the members of the various boards of medical examiners in affiliation with this association, modifications in the various state laws permitting of an exchange license between states having the same requirements for the practice of medicine, and that the Committee on Legislation be directed to request the coöperation of similar committees of the American Medical Association and the National Eclectic Medical Association, and all other organizations interested in medical licensure, to the furtherance of this end.

Dr. Norton stated that to follow out what the committee believed to be the will of the Institute, the committee had drafted a bill, as follows : —

An act authorizing the appointment of a commission to ascertain what legislation is necessary to secure a uniform standard in the practice of medicine and surgery throughout the United States.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that the President be and he is hereby authorized to appoint a commission, consisting of three physicians, representing, respectively, the American Medical Association, the Ameri-

can Institute of Homœopathy, and the National Eclectic Medical Society, which commission shall, without unnecessary delay, carefully examine existing legislation of the various states and territories and the District of Columbia on the subject of the regulation of the practice of medicine and surgery, and said commission shall, as speedily as may be, make a report setting forth what legislation is necessary to secure a uniform and efficient standard of qualification for the practice of medicine and surgery, and shall recommend such additional legislation as may, in their opinion, be necessary in connection with the purposes of their appointment.

The second section provides that said commission shall be entitled to a compensation of \$25 per day for each member while engaged in the performance of his duty.

Dr. Norton stated that, in the opinion of the committee, such a commission would be most valuable in securing such legislation from the states as will secure a uniform and efficient standard of qualification.

This proposed legislation caused considerable debate, but it seemed to be the unanimous sentiment of the meeting that there should be a national standard and a national examining board, and with slight amendments the resolutions proposed were unanimously adopted. The report of the Committee on Medical Legislation was then adopted as a whole.

Lack of space forbids mention in full of the papers presented before the various bureaus; suffice it to say that the New England physicians were well in evidence, both as to number and excellence of papers presented, and in the general discussions which followed.

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## THE DEDICATION OF THE HAHNEMANN MONUMENT.

After months and years of the most indefatigable labor, the Hahnemann monument stands completed and dedicated. All honor is due from every homœopathic physician in the country to the committee, and especially to its Chairman, Dr. McClelland, of Pittsburg, and to its Secretary, Dr. Smith, of New York, that this great work has been accomplished.

The following excellent account of the dedicatory exercises we clip from the *Washington Post* of June 22 :—

The monument which has been erected in this city at Scott Circle by the American Institute of Homœopathy to the memory of Christian Friedrich Samuel Hahnemann, founder of the homœopathic school of medicine, was unveiled yesterday afternoon with impressive services, and formally presented to the care and custody of the government of the United States. Although Hahnemann was of German birth, and never visited or had interest in America, the exercises of the unveiling of his monument were American in every feature. The President of the United States was the guest of honor, and the decorations, the music, and the speeches were intensely patriotic.

The monument stands in the triangle at the east side of the circle, forming an alignment with the statues of General Winfield S. Scott in the centre of the circle and of Daniel Webster in the triangle at the west. There was a large crowd at the unveiling yesterday, and the arrangements for carrying out the program were as nearly perfect as possible. Music was furnished by the Marine Band, which was seated on a temporary platform to the north of the monument. To the west of the monument and in front of it a floor had been laid, upon which chairs were placed for several hundred people. The seats were reserved for members of the Institute and their invited guests, the general public finding room around the inclosure of the floored space. Those who participated in the program and the most distinguished guests were seated upon the base of the monument.

The exercises were to have begun at 4.45 o'clock, but, as President McKinley did not arrive until nearly half an hour later, there was a delay until after 5 o'clock, the time being filled in with music. As the President alighted from his carriage the band struck up "Hail to the Chief," and the entire audience cheered heartily as he mounted the steps of the monument to take the seat assigned him. The applause continued even after he had reached his seat, and only subsided when the President had smilingly bowed his acknowledgments. Mr. McKinley appeared to take a keen interest in and to enjoy the exercises, and the clapping of his hands was usually the cue that started the frequent applause. One of the selections by the band was a medley that ended with "Yankee Doodle." The President used his silk hat to beat time upon his knee to the inspiring strains, and applauded heartily when the selection was concluded.

The President was accompanied by Secretary George B. Cortelyou, who was given a seat upon the monument, with Attorney-General Griggs, General John A. Wilson, U. S. A.; Mr. H. B. F. Macfarland, President of the District Board of Commissioners, and Colonel Theodore A. Bingham, U. S. A., superintendent of public buildings and grounds. The others occupying seats were prominent officials and workers in the Institute.



The exercises were presided over by Dr. J. B. Gregg Custis, of this city, a member of the Monument Committee. In calling the assembly to order Dr. Custis said, in part:—

“We are gathered together upon an occasion which in some of its aspects is solemn, in some glorious, in all momentous. Solemn, because we have assumed the responsibility of setting as an ideal for the twentieth century a character to whom a memorial constituting the greatest testimonial ever received by any in the walks of life followed by our confrère, Samuel Hahnemann, we are now about to dedicate.

“Glorious, because it represents a completed work, conceived in Washington, nurtured by the American Institute of Homœopathy, and made possible by the liberality of the adherents and patrons of the school founded by him, in whose honor this grand work of art and architecture is erected. Momentous, because it places in bold relief the fact that truth, represented simply by a thought, can, in so short a time, in a country whose motto is freedom, reach its highest development. This monument is erected in the hope that from it, as a centre, truth may be spread, which will result in the lessening of suffering and the increased usefulness of mankind.”

Dr. Custis introduced Rev. B. F. Bellinger, who invoked the divine blessing, and after a selection by the band the monument was formally presented to the American Institute of Homœopathy by Dr. J. H. McClelland, of Pittsburg, Chairman of the Monument Committee. In making the presentation Dr. McClelland said among other things:—

“Eight years ago at a meeting of the American Institute of Homœopathy in this city, this committee was charged with the extra professional duty of erecting a monument which should be a suitable memorial to the man whom we wish to honor and be commensurate with the dignity of the body we have the honor to represent. Your committee, after many failures, finally secured a design which it feels sure will meet the approval of our parent body and all those who love the beautiful in art as well as that which represents a great and noble idea. We are indebted for this beautiful sculpture to an American, Mr. Charles Henry Nieuhaus, and for the exquisite architectural effects to Mr. Julius F. Harder, of New York.

“Mr. President, I take pleasure in transferring to your keeping, for the time, this monument erected to the honor and glory of Samuel Hahnemann.”

After the monument had been formally presented to the Institute, an original ode to Hahnemann was read by Dr. William Todd Helmuth, of New York, in which the achievements of the founder of the homœopathic school of medicine was treated at length.

In presenting the monument to the government of the United States, Dr. C. E. Walton, of Cincinnati, President of the Institute, made an able address, in which he paid highest tribute to the life and work of Hahnemann. He first acknowledged the good work done by the Monument

Committee, making possible the erection and dedication of the monument almost free from debt.

Turning to Colonel Bingham, President Walton concluded with these words: "We give into your keeping this testimonial of our recognition of one of the world's most pronounced benefactors. Take it under the national protection. Guard it as the cherished object of millions of our people."

Colonel Bingham spoke very briefly in accepting the monument on behalf of the government. "This monument and statue will be the nineteenth," he said, in part, "to come under the jurisdiction of the government in the District of Columbia, making twenty-three in all within the old boundary line of the city of Washington. It is with great pleasure that I have the honor, as the government's officer in charge of public buildings and grounds in the District of Columbia; to accept this monument on behalf of the government, and I assure you that every care will be taken for its preservation."

Colonel Bingham was followed by Attorney-General Griggs, who concluded the exercises with an eloquent address which created great enthusiasm among his hearers. "There are triumphs to be won in the peaceful pursuits of life," he said, "that bear equal glory to victories on the field of war. In the centre of this park stands the statue of a great warrior, a soldier of his country in three great wars, the representative of his country in martial valor. On the other side is the statue of the great statesman and orator, the expounder and defender of the Constitution, representing constitutional law, liberty, and representative government. Here on this side, with great appropriateness, this Institute has placed this other statue, not of a man of war, not of a great senator, but of a scientist, a reformer, a good physician. The laurels of fame grace with equal glory the brow of the warrior, the statesman, and the scientist. There is but one, and one only, test of worthiness, and that is that a man shall have wrought in unselfishness, with a spirit of sacrifice and devotion, in the interest of his country, of humanity, and the world, and that merits a fame which these three possess in a triune glory.

"It was the merit of Dr. Hahnemann that he exposed fallacy, that he found the truth, and showed things not as they had been believed to be, but as they are. It was not his chief glory that by his doctrines he founded the homœopathic school, but that he uncovered errors and disclosed secrets of nature which all the world has recognized as correct, without regard to school. He accepted no dogmatic assertions of philosophy nor any arbitrary counsel where the secrets of science were concerned. The kingdom of heaven, it may be, cometh not by observation, but that is true of no other thing. Hahnemann, like Darwin and all the tens of thousands of homœopathic investigators of the present day, believed that the truth was to be recognized and found by experimenting and observation, and in enunciating that belief he met with opposition and

with persecution. It is not in Jerusalem alone that the prophets are stoned; and so this man for the truth's sake endured persecution.

"It is no criticism of the action of this Institute or of the Federal government that they have placed or permitted to be placed here the statue of a man who never knew or saw America. It is but an added glory that the work he did, the fame that is now his, is recognized to belong, not to Germany, but to the world. I congratulate the gentlemen of the American Institute of Homœopathy on placing in the national capital this beautiful work of art. Generations of our people to come will pause and view this statue; will look at the figure of the young student bending in thoughtfulness on his book; at the figure of the scientist making his experiments, at the figure of the wise teacher instructing his pupils, and at the grand, the noble, the benignant figure of the great man whose position here to-day, in view of the persecutions to which he was subjected, teaches us to glory in the belief that it can no longer be said that 'Right is ever on the scaffold, wrong forever on the throne,' for here sits right enthroned before the eyes of the American people, from whom forever and forever more will be contributed its just meed of immortal fame."

At the conclusion of Mr. Griggs' address and after the applause had subsided, some one in the audience started three cheers for President McKinley, which were given with a will and which the President acknowledged gracefully. They were followed by three cheers for Chief of Engineers John M. Wilson, who selected the site for the monument, and then, after another selection by the Marine Band, the ceremonies were completed.

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## EDITORIAL NOTES AND COMMENTS.

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### DR. LUTHER MILO LEE.

The death of Dr. Luther Milo Lee, who passed away at his home on Adams Street, Meeting House Hill, early Saturday morning, was a shock to his numberless friends, although most of them knew that he had for years been practically an invalid. Although by no means an old man, Dr. Lee was the oldest practising physician in years of service in Dorchester; the deaths of Dr. Fildes and Dr. Cushing leaving him the veteran. He was born in Canton, Conn., on May 3, 1839; was a student at Westfield Academy and a graduate of the New York Homœopathic Medical College. He joined the



Massachusetts Homœopathic Medical Society in 1863 and was a member up to the time of his death.

Dr. Lee began practising for himself in Randolph in this state in 1863, and settled in Dorchester in 1868. His practice was large and lucrative. For some years he was in partnership with Dr. James T. Sherman, of Dorchester. Dr. Lee's health gave way many years ago, and he had been a great sufferer from bronchial and other troubles.

Notwithstanding his own suffering, his very presence in a sick room was medicine and sunshine of itself. Dr. Lee was more than a family physician to many or most of his patients—he was a very dear friend. “He left behind him in the sick room,” writes one, “an influence of hope and good cheer, and ministered to the mind as well as to the body of his patients.”

In 1863 he married Mary Wales Whitmarsh, daughter of Captain Joshua Whitmarsh, one of the prominent citizens of Abington. Mrs. Lee, who survives, is a sister of Mr. William W. Whitmarsh, the treasurer and practical head of the Putnam Nail Company of Neponset. A son and three daughters also survive, one of the latter being Mrs. Charles J. Bailey, of Portland, Me.

The family is prominent in the First Parish Church, and its minister, Rev. Eugene Rodman Shippen, conducted the funeral services, which were held from Dr. Lee's late home on Monday. The Herbert Johnson Quartet sang the selections, “Eternal Goodness,” “Lead, Kindly Light,” and “Nearer, My God, to Thee.”

Of the late Dr. Lee, “C. T.,” of Milton, writes:—

“He was untiring in his devotion to his patients, to whom he endeared himself to an uncommon degree, benefiting them not only by his skill, but by his sympathy and personal presence, which were most soothing and grateful in a sick room.

“Many of those of advanced years to whom he ministered with especial tenderness will feel his loss keenly, while the young, who always found in him a true friend and genial companion, mourn for him most sincerely. To younger

members of his own profession he extended a helpful and cordial hand, always advancing their interest whenever possible. All will miss his pleasant face and kindly greeting. He leaves a place in the hearts and homes of his old patients which cannot be filled. Most heartfelt sympathy is felt for his sorrowing widow and children, left desolate in that home which he loved so well.

“May he rest in peace, and light perpetual shine upon him!”

We have penned from the *Denver News* the following:—

Denver is to have a woman's hospital. It will be built by Mrs. C. N. Whitman as a memorial to her husband.

It will probably be in the neighborhood of Congress Park, as that is the site that Mrs. Whitman prefers, and will face the park, if satisfactory arrangements can be brought about. This is as near as Mrs. Whitman has come to expressing any personal preferences as to the matter. It must be a beautiful structure and a park environment if possible. Mrs. Whitman left for Europe last Friday, giving Dr. S. S. Smythe *carte blanche* to carry the whole affair through to completion, making it a fit memorial to her husband in all details.

Mrs. Whitman came back to America about three weeks ago to attend to the sale of some stock on her ranch in Texas.

About a week ago, while in Denver, a friend, knowing she had long been planning some sort of memorial to the late Mr. Whitman, suggested a hospital—a woman's hospital—because Denver has none. Mrs. Whitman, without a moment's doubt as to its being the very thing, also remembered that her husband had often said that he meant to build a hospital for Dr. Smythe some time, who was his physician for years and his lifelong friend. Mrs. Whitman immediately sent for Dr. Smythe and told him her decision, and told him it should all be done providing he would consent to be the head of it as long as he lived.

Dr. Smythe is a homœopathic physician who has had a wide and successful practice, and naturally was pleased with this opportunity to conduct an establishment of this kind, which would have all the latest and best appliances that science has perfected. Dr. Smythe will go East about the middle of June and make a thorough inspection of all the up-to-date hospitals.

The building will have a frontage of from six to eight lots. One wing will be devoted to a maternity department, a feature which no hospital in Denver has at present. It will not be conducted as a charity institution, though many cases will probably be taken there, as both Mrs. Whitman and Mrs. Scott are well known for philanthropic work.

## SOCIETIES.

**WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.**

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the Westboro Insane Hospital, Wednesday, May 9, 1900, at 11 A.M.

In the absence of the President, the Vice-President, Dr. J. E. Luscombe, presided. The Secretary being absent, Dr. Edith L. Clarke was appointed Secretary *pro tem*.

The records of the previous meeting were read and approved. Following a short business session, the meeting was taken in charge by the Bureau of Sanitary Science and Neurology, with Dr. E. R. Miller, Chairman, and the following program presented:—

1. The Rôle of the Bacterium in Sanitation. C. Otis Goodwin, M.D.

Dr. Goodwin gave a carefully written paper, in which he called attention to the good done by bacteria, as well as the harm.

2. Tuberculosis. G. F. Forbes, M.D.

Dr. Forbes briefly referred to the changes in methods of treatment of tuberculosis which have come in the last thirty years, and especially in the last ten years; then, in speaking of present care of the tuberculous, urged upon all physicians the greatest care in isolation of cases. He reported an interesting case in which nearly a whole family had suffered from the disease, beginning with the father.

These papers were fully discussed. Dr. Bennett compared the presence of large numbers of deleterious bacteria in the body to the preponderance of weeds in a field, and said that just as the weeds grew and flourished when allowed to do so and when the regular crop was neglected, so did the bacteria flourish unless we were constantly trying to increase the supply of white blood corpuscles that are said to be the



deadly foes of the disease germs. Dr. Bennett urged that sanitation be taught children in public schools.

Dr. Wilkins spoke very earnestly in regard to the responsibility of physicians, and thought they were in a measure responsible for tuberculosis being so widespread. He requires all tuberculous patients to expectorate into a vessel containing bichloride.

3. General Paralysis of the Insane — a Query. E. R. Miller, M.D.

Dr. Miller gave a most interesting paper, and reported a case in which a man was committed to an insane hospital and, after being detained four weeks, dismissed, it having been ascertained by the physicians in charge that it was a case of alcoholism. Dr. Miller's query was, How far is a physician justified in waiting before committing a man who is violent, threatening to kill, etc.? Dr. Adams, being called upon to answer the query, said that the physician who committed the case cited did just right. Alcoholism and general paralysis of the brain have very similar symptoms. In many cases it is quite difficult to decide at once. A man is either a responsible person and should be put under bonds for threatening, or should be committed. There should be no stigma connected with being committed to an insane hospital. All are liable to brain disease as well as to disease of other parts of the body. The commitment of people to a hospital who are of sound mind is fiction. Of some 4,500 patients committed to the Westboro Insane Hospital, 4,000 were examined there, and of the 4,000 Dr. Adams knew of only three cases who were not insane. One was a case of intoxication, one of feigned insanity, and one a young woman with no evidence of insanity.

This shows that physicians make few mistakes. They are more apt to allow a case to go on for several months before committing.

Dr. Allen thought physicians did not commit early enough for the benefit of the patient, and spoke of a case where friends of the patient threatened to bring suit against the doctor.

Dr. Adams replied that Massachusetts law makes it almost impossible for a suit to be brought against a physician in such a case.

Dr. Adams then showed four charts on which the different forms of insanity were classified according to different authorities, and called careful attention to the most recent.

4. Maniacal Conditions, and Diseases in which they obtain.  
Henry J. Klopp, M.D.

5. Depressed States. D. Ette Brownell, M.D.

Following these papers Dr. Adams held a clinic, and showed various cases of the diseases which had been discussed, as well as others of interest to the society.

An appetizing lunch was served at 1 P.M. in the dining room, following which the members were invited to inspect the new buildings.

Miss Durkee, of Fall River, a trustee of the hospital, was present as a guest of the society.

EDITH L. CLARKE,  
*Secretary pro tem.*

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## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

### *Business Session.*

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, May 3, 1900, at eight o'clock, the Second Vice-President, T. Morris Strong, M.D., in the chair.

The records of the previous meeting were read and approved.

The following physicians were proposed for membership: Julia M. Dutton, 250 Newbury Street, Boston; Emma F. Bridge, 111 Court Park Road, Winthrop, Mass.; Benj. T. Loring, Boston; and Maud G. Furniss, 196 St. Botolph Street, Boston.

The Amendment to Section IV of the Constitution, proposed at a previous meeting, was adopted.

Voted: That hereafter the Year Book be sent only to

those members who have paid their dues for the current year.

Voted: That the next regular meeting of the society be held on June 14 instead of June 7, the latter date occurring in Commencement week.

Dr. Strong appointed the following committee to nominate sectional officers for the ensuing year: Drs. D. W. Wells, Florence Tresilian, and George R. Southwick. The committee reported as follows: Chairman, M. W. Turner, M.D.; Secretary, Solomon C. Fuller, M.D.; Treasurer, Anna B. Davis, M.D.

### *Scientific Session.*

Dr. Frank A. Gardner reported the case of a man who was taken with grippe, accompanied with severe cough. The grippe ran its ordinary course, and he got up and about. In about ten days was taken with very severe pain in the left leg, and in two or three days showed that phlebitis had developed, with severe swelling and pain. The patient was getting along very well when he was suddenly taken very ill, covered with cold perspiration, and soon symptoms developed showing embolism of the other leg. He was kept alive by whiskey, and hot compresses reduced the swelling. I find that several cases of phlebitis have been reported as following grippe, but it is somewhat unusual and unique in my experience.

### PROGRAM.

#### REPORT OF THE SECTION OF PATHOLOGY AND THERAPEUTICS.

N. L. DAMON, M.D., Chairman;

E. B. CAHILL, M.D., Secretary;

A. G. HOWARD, M.D., Treasurer.

1. Grippe. Dr. Helen S. Childs. Discussion opened by Dr. Lucy A. Kirk.
2. Cretinism. Dr. Alonzo G. Howard. Discussion opened by Dr. F. B. Percy.
3. The System of Hahnemann as viewed from the Standpoint of the "Regular" School in the Light of Modern Medical Science. Dr. N. L. Damon. General discussion.
  1. Dr. Childs' paper, entitled "Grippe," was received with



attention, and its many practical points noted carefully. The discussion follows.

Dr. Hinson: In the suppuration of the middle ear, following grippe, I find that a great many cases will have a stringy discharge in which *kali bi.* seems to be the indicated remedy, and I have used it with good results.

Dr. Chase: The best remedy I know of for the grippe is the bed. I confine my patients to the bed and insist upon their staying there. There seems to be something in the disease to allure them to get up, the pain in the back and legs producing restlessness. I have had a number of cases which seemed as if the trouble were spinal, with characteristic pains in the legs and arms. I have had several cases of multiple neuritis, with paralysis of the muscles of the arms and legs; one case in particular, after lying a long time in bed, is just now getting about. There has been a large number of cases in which the poison of the grippe seemed to have affected the spinal cord, and for that reason I am very loath to allow them to arise. I say, Lie in bed till you feel well, and *then* lie abed. I like to have them get up gradually; there is less fatigue in this way. If I find them getting too tired from over-exertion, I order them to bed again. The one particular point I wish to emphasize is this, that rest in bed is the remedy from first to last.

Dr. Suffa: In listening to Dr. Childs I notice that she made mention of the few cases this year with eye complications, and that has certainly been so. Five or six years ago, when, perhaps, the grippe was more severe than at this time, there was quite a number of cases of glaucoma. If grippe occurs at thirty or forty it hastens old sight, and glasses will have to be put on earlier.

Dr. Peasley: In my locality several severe cases have developed into pneumonia, and others have just escaped spinal meningitis. I have noticed, too, that when the cases have come on gradually the severe symptoms have not been so lasting. In other instances the disease has been accompanied with an eruption resembling the measles, which lasted about twenty-four hours.

Dr. Gardner : I had a case, an old lady eighty years of age, who got better of the prostration without development of organic trouble. It seemed to me a case of grippe, but when she seemed to be doing pretty well there was a swelling of the parotid gland resembling a case of mumps.

2. Dr. Percy : I presume I was asked to discuss this paper because it was my good fortune to have seen three cases of cretinism, or perhaps because of my knowledge of the case reported by Dr. Howard. The child had a peculiar vacant stare, tongue protruded, and a tendency to pendulous condition of skin. There must be some cause for it. It may have arisen from some congenital lack, or a lack of mental and physical development.

The case, which was reported some years ago by Dr. Pillsbury, I have followed from the birth of the child. One of our doctors was in attendance, and he asked me to call and help him. In the first years of the child's life there seemed to be imbecility, and for six years the difficulty was practically unrecognized. The case came under the notice of Dr. Curry, of New York, and his interest was very much aroused. He took the child under his care and supervision. I have seen the child, and it seemed remarkable there should have been any development after so long a time.

Dr. Goodwin's case reads almost like a fairy tale, and it does not seem as if a case, where the trouble had been so severe, could have been helped by calc. carb. Sufferers from cretinism have been known to live in districts where the water was thoroughly impregnated with lime. Calc. carb. is the peculiar homœopathic remedy. Cretinism is not difficult to manage, because so much has been written on the subject. It is one of those diseases allied to Barlow's Disease, or infantile scurvy, is almost absolutely fatal to development, and the child is practically a blot upon the earth. The recognition of the disease and substituting the proper diet will bring about a change which is just as remarkable as the case of Dr. Goodwin. Only within twenty-four hours I have seen a case in a town not far away where the child had been treated for some weeks for rheumatism, for possible infantile paraly-

sis, for possible tuberculosis, and for neuritis. The examination of the child revealed three things: first, from its birth it had had nothing in the way of flesh food; second, there was evidence in the child's mouth of scurvy; third, the child cries, and cries lustily, upon being moved. Examination showed that the joints were not disturbed. The sensitiveness lies along the long bones. Proper change of diet is all that is necessary.

Thyroid contains eleven per cent of iron and one and one half per cent of phosphorus, also iodine. From this it is possible for us to explain symptoms. The homœopathic remedy, calc. carb., is beyond any question the best remedy, and if a case were presented for treatment I should feel, if a child was given the benefit of calc. carb., there was a probability of its recovery. The care of the parent, proper treatment with regard to hygiene, diet, and proper attention to warmth are of importance in bringing about the recovery of the child.

Dr. Turner: My case is not as severe as that reported by Dr. Howard, and was cured by another remedy, one that I always think of when the system is thoroughly disturbed, namely, sulphur. The patient manifested no intelligence and seemed almost a perfect picture of cretinism.

Calc. phos. is also a remedy to be thought of. It seems to me we are not limited to the few mentioned; they should all be thought of, and not run to thyroid too quickly.

I would like to ask Dr. Howard how long lime water was given. It may be that induced it.

Dr. Howard: I think it was given only a limited time. The child was not taking anything; it refused everything, and did not take prepared milk as well as other foods until later on. She refused the food containing lime water a month or six weeks after giving it to her, and during the time did not take it at all satisfactorily. The food question with this child was the hardest to deal with; it was difficult to get anything that would be satisfactory.

Dr. Southwick: Cretinism in this country is very rare. In Europe, the upper Rhine, and Switzerland, cretinism is



seen on every side. One of our school became very much interested in the question, and it occurred to him, as circumstances seemed to show that the water had something to do with the development of the disease, that it would be well to triturate some of the stone in that district and make a medicine of it. If I remember rightly, he administered it with fairly good results, nothing marvellous, but better than other remedies.

As to the cause of cretinism. I think, perhaps, it is settled that it is not due to the impregnation of the water with a large amount of calcareous matter. In a British regiment quartered for quite a time in India, there was an epidemic of cretinism, and a large majority of soldiers became affected. Though not a manufacturing region, there was a careful examination of soil, and it was found that the water in question was not impregnated with lime, but was comparatively safe.

Dr. Packard: From the remarks that I have heard, there seems to be a discrepancy as to the cause of cretinism. It is a congenital disease of childhood, and when similar symptoms occur in adults it is termed myxœdema. The cause of the disease, I judge from what I know upon the subject, is assumed to be due, either in the child or the adult, to some functional disturbance of the thyroid gland; in the child from some congenital defect and the adult from some acquired defect. It hardly seems to occur from calcareous conditions of water, because it occurs sporadically in this country. It is very interesting to me because of a marked case which came to my attention. I was sent for to examine a person for abdominal tumor. I found it was a woman whom I had known from childhood. I had remembered a very obscure malady from which she was suffering before I was a physician. She had lost her mental vigor, had the peculiar dry skin, and there was also the pendulous abdomen. I made an examination and found no tumor. The case seemed peculiar, but it did not occur to me what it was. Upon consideration I concluded that it was myxœdema, and gave a thyroid extract. Her mental vigor returned, she took an interest in matters

around her, and avenues of life seemed to open to her. She has remained in very fair condition since, except that occasionally she has been obliged to return to thyroid.

Dr. Powers : There are two cases I would like to speak about. One, a child of eight years, over two feet in height, would stand and walk with assistance, but could only say one or two simple words. Thyroid was given and some improvement noted. The further history of the case I do not know. Another case was that of a child sixteen months old, who was not able to walk well, and it was thought some surgical interference was necessary. In making an examination the appearance of the patient and the heart attracted my attention, and upon palpation no thyroid could be discovered, and the general appearance was that of a lack of development. A month or two later, after treatment, the child was able to talk and walk as an ordinary child, and her weight improved.

3. Dr. Damon stated that his paper, on "The System of Hahnemann as viewed from the Standpoint of the 'Regular' School in the Light of Modern Medical Science," was one he had prepared a few years ago, but as it was so long he had prepared the report of a case of myxœdema, which he would read instead.

At the close of this report Dr. Percy asked the Chairman to read the paper referred to, which he consented to do at the request of the members present.

Adjourned at ten o'clock.

EDWARD E. ALLEN, *Secretary.*

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### **BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

A special meeting of the society was held at the Boston University School of Medicine, Friday evening, April 20, 1900, at eight o'clock. In the absence of the President and First Vice-President, the Second Vice-President, T. Morris Strong, M.D., presided.

The reading of the records of the previous meeting, as well as any business to come before the society, was deferred until a regular meeting should be held.

#### REPORT OF THE SECTION OF ANATOMY AND PHYSIOLOGY.

F. P. BATCHELDER, M.D., Chairman;

WESLEY T. LEE, M.D., Secretary;

M. W. TURNER, M.D., Treasurer.

Dr. Strong appointed the following committee to nominate sectional officers for the ensuing year: Drs. J. Arnold Rockwell, Jr., and H. O. Spalding. The committee reported as follows: Chairman, Wesley T. Lee, M.D.; Secretary, David W. Wells, M.D.; Treasurer, Marion Coon, M.D.

#### PROGRAM.

1. Backache from the Anatomical Standpoint. J. P. Sutherland, M.D. Discussion opened by George H. Earl, M.D., and George R. Southwick, M.D.

2. An Anomalous Case. N. W. Emerson, M.D. Discussion opened by W. F. Wesselhoeft, M.D.

3. Conducted by the Physiological Department, B. U. S. M.

(a) Review of Recent Physiological Studies on the Influence of Anæsthetics upon the Nervous System. Discussion opened by Edward P. Colby, M.D., and Wesley T. Lee, M.D.

(b) Muscle-Nerve Fatigue. Remarks and Demonstrations. Discussion opened by Frank E. Allard, M.D., and Alonzo C. Howard, M.D.

#### DISCUSSION.

1. Dr. Sutherland treated his subject, "Backache from an Anatomical Standpoint," in an informal way, and gave a very interesting and practical discussion of the anatomical attachments of the abdominal viscera and the probable location of backache from diseased conditions of these organs. He made a strong plea for physical exercise in the correction of these conditions.

Dr. Earl: I think we all feel very grateful to Dr. Sutherland for putting this subject before us and showing us as much as he has of the anatomical view of the subject.



I think there are perhaps two reasons why I have been asked to say something upon this subject—from the position of the orthopedic surgeon and the obstetrician. The subject of backache, especially in women, leads us to think of pelvic disorders. Now, I gather from the doctor's remarks that there is one common cause of pain in the back from the anatomical standpoint, due to some pulling or strain upon the structure which supports the abdominal structure, that is, one of the common causes of pain in the back is from relaxation of the abdominal wall from lack of tone and enlarging or loading of the intestine. Undue strain upon the muscles results in pain. Without, of course, disputing or discussing that, I wish to bring to your attention the practical knowledge that has come to me of the way in which pain is caused. I will illustrate by the common complaint of flat-foot, the breaking down of the arch of the foot and the pain that accompanies it. With the dropping of the arch of the foot the pain is always referred to the top of the foot. I do not remember that the pain has ever been explained, that is, the location of pain in flat-foot. Now, it occurs to me that backache may be due to a very similar cause, especially the sacral backache; that is the common location, as Dr. Sutherland has said. I think you will agree with me that common backache is located somewhere near the waist line, from there down. Now, with any distortion of the back, any fault of the posture through relaxation of the muscles, especially in school girls, we have a common cause of backache. That backache is more common in women than in men is perfectly consonant with this idea, because with women there is less muscular tone and less exercise. If due to pulling in abdominal cavity, it would be common with pregnant women, whereas they are sometimes relieved in a few months of pregnancy. In the ordinary deformity of the spine, scoliosis, the pain is nearly always relieved when slight deviation is corrected. Any support which tends to correct curvature is very apt to relieve the pain. I wish to endorse heartily the idea that almost any kind of backache is relieved by physical exercise which strengthens the muscles of the abdominal

wall, enabling the patient to gain a proper posture in walking and standing. I know that while I can be about all day and not suffer any particular backache, walk and carry a load besides without backache, if I stand still five or ten minutes in the best position I can I am in pain. I do not understand how women can stand twenty minutes or longer to have a dress fitted; it speaks well for their endurance.

Dr. Southwick: I need hardly to state that very little can be said in addition to what has already been mentioned.

I think if we were to make a practice of examining the kidneys, especially the right kidney, in many unsuspected cases we should find a displacement, the kidney being displaced two inches lower than normal. A matter of some importance in any woman is the relation of the angle of the pelvic brim, which is about  $60^{\circ}$ . If, for any reason, we have any inclination of the pelvis so that we have an angle much less than this, a greater amount of pressure will be transmitted to the pelvic contents, and much trouble will result. If our patients wear high-heeled shoes, it will tend to tip the body forward, the patient throws herself backward, and the pelvic organs receive a larger amount of pressure.

I wish to speak a few words in favor of the Longstreth belt. I have used it in many cases with beneficial results. It diminishes the pressure on the contents of the pelvis and has given great relief to patients suffering uterine displacements.

In regard to the position of the uterus from a surgical standpoint. The operation for posterior displacement of the uterus is a common one, but if we raise it too high we do mischief as much as if the organ was too low, and the patient does not receive as much good as if a small pessary was used. The pelvic organs are supplied with a thick network of veins and arteries, and if the organ is raised too high the circulation is impeded by constriction of the vessels from traction, either up or down.

I think another reason for backache in women is the deficiency of the veins in valves as compared with other parts, and there results a condition which is practically that of

varicose veins. This varicosis is scarcely to be diagnosed except by abdominal section, and yet produces much backache. Veins once over-distended by pregnancy, or milk leg, are easily over-distended again, and backache follows. We have all had posterior displacement with no backache in one case, and another with a good deal of backache. If we have the uterus filled with blood, and it is often so distended, the organ enlarges and puts the peritoneum on the stretch; there is no room for the uterus to expand, and as a consequence there is a certain amount of pressure on the uterine muscles and the nerves it contains, as well as tension on the peritoneum. This is theory, but I have noticed where we do not have backache we do not have congestion of the uterus; where the uterus is much enlarged there is also backache.

I can only say in confirmation of what has been said, that backache, as a symptom of kidney disease, is of very little importance. In calculus of the kidney the pain corresponding with the kidney affected, sticking, pricking pain, may be intermittent and precede the passage of a calculus. Congestion of the uterus, hysteria, leucorrhœa, and an anæmic condition of the patient often accompany backache without gross anatomical changes. With poor physical condition of the patient there is apt to be a relaxed condition, which favors uterine displacement and congestion of the pelvic organs.

I wish to add a word in favor of physical culture and Swedish movements with passive resistance, and I would like to say a good word for the bicycle properly used. I have seen very good results from physical exercise which strengthens the pelvic floor. I have found in a number of cases relaxation of the pelvic floor has been much reduced by physical exercise, and it is a great help in strengthening the abdominal muscles. The more support we give to the abdominal muscles, the less our patients will complain. An excellent exercise is for the patient to raise her back and hips four inches from the mattress and support herself on her shoulders and heels. While in this position the knees



are repeatedly adducted and abducted eighteen inches apart, by an attendant while the patient makes moderate passive resistance.

2. Dr. Emerson being absent, his interesting paper, "An Anomalous Case," was not read, but Dr. Batchelder stated that the paper described one of Dr. Emerson's cases, where the appendix vermiformis was found on the left side; in fact, there was an entire reversal of the appendix, cœcum, and descending colon from the right to the left side. Dr. Batchelder called upon Mr. Weyssse to explain the anomaly from an embryological point of view.

Mr. Weyssse said that at an early stage of foetal development the alimentary canal was nearly straight, but later on a sort of twisting of the canal took place so that the lower part of the intestine fell across and to the right side. Here the cœcum and appendix developed, and the rest of the lower end of the tube formed the colon. Now, if from any cause the twisting took place to the left instead of the right, we should have the appendix and cœcum on the left side with these structures and the colon reversed, as happened in this case.

3. Dr. F. P. Batchelder read a very practical and interesting paper detailing the results of some recent experiments which have been made in the physiological laboratory of the Boston University School of Medicine to determine the effect of ether and chloroform upon nerve tissue. His paper was well illustrated by the stereopticon, and many pictures of tracings made upon smoked paper were shown, by which it could be seen that chloroform was about seven times more dangerous than ether. For, whereas, after ether had been administered to a nerve and then withdrawn, the nerve soon recovered its function; after chloroform had been administered for the same length of time, the nerve was practically killed and never regained its function.

Muscle fatigue was very practically demonstrated by students from Mr. Weyssse's class in practical physiology by means of apparatus, using in one case the middle finger and in the other a muscle nerve preparation from the frog.

Dr. Lee: As Dr. Colby gives up the subject as completed, I certainly have nothing to say. I believe the reflexes of the patient are of great importance in determining the danger point. I have a tabulated record of over three hundred cases, and I find that in about one eighth there was reflex vomiting during the giving of the anæsthetic. I found that after the anæsthetic there was vomiting in about one third. Unfortunately I was not in the school when this subject was gone into, so my knowledge is not scientific, but I have had some experience in work. I think, with Dr. Batchelder, ether is safer in the hands of a novice.

Adjourned at 10.30 o'clock.

EDWARD E. ALLEN, *Secretary*.

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## MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

### TWENTY-SECOND SEMI-ANNUAL MEETING.

The twenty-second semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held on Wednesday, June 13, 1900, at 3 P.M., at the Hotel Nottingham, Boston, Mass.

The President, Dr. F. A. Davis, presided.

The records of the last meeting were read and approved.

The following physicians were elected to membership: John L. Bacon, Jr., Westboro; Emily F. Bridge, Boston; Mary B. Currier, Boston; J. Tucker Cutler, Roxbury; Sayer Hasbrouck, Providence, R. I.; John A. Hunt, Taunton; John L. Lambert, Lowell; C. D. Whitman-Reed, Newton; E. D. Stephens, Frankestown, N. H.; George H. Wilkins, Palmer; William Woods, Boston.

The society voted to take up the proposed changes in the Constitution and By-Laws seriatim. Numerous changes were made in the draft as sent out by the Secretary. The

society then voted to adopt the Constitution and By-Laws as a whole.

A letter was read by the Secretary from Dr. Mary E. Mosher, of Dawson City, Alaska. The society voted that the Secretary reply to the same. The society elected its President, Dr. F. A. Davis, as a delegate to the American Institute of Homœopathy.

### *Scientific Session.*

#### PROGRAM.

1. Surgical Treatment of Empyema of the Antrum of Highmore. George B. Rice, M.D. Discussion by T. M. Strong, M.D., and N. H. Houghton, M.D.
2. Some Recent Cases of Surgery of the Hands. Horace Packard, M.D. Discussion by George H. Earl, M.D.<sup>1</sup>
3. Report of Surgical Service at Massachusetts Homœopathic Hospital for First Quarter, 1900. Nathaniel W. Emerson, M.D. Discussion by William F. Wesselhoeft, M.D.<sup>1</sup>
4. Acute Suppurative Appendicitis. J. Emmons Briggs, M.D.

Following the Scientific Session a dinner was served, of which seventy-nine members of the society partook.

J. EMMONS BRIGGS, M.D.,

*General Secretary.*

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THE annual meeting of the American Association of Homœopathic Pharmacists was held at the Murray Hill Hotel in New York City on Monday, June 18, 1900. The President, Dr. J. Wilkinson Clapp, read an address in which he called special attention to the duties of pharmacists toward securing a standard of strength for homœopathic medicines. At the conclusion of the address a discussion ensued, after which the following vote was adopted without a dissenting voice:—

“That this Association does hereby approve of the Pharmacopeia of the American Institute of Homœopathy, and

<sup>1</sup> Not present.



recommends its adoption and use by all homœopathic pharmacists."

The following officers were elected for the ensuing year : President, Dr. J. Wilkinson Clapp ; Vice-President, Dr. Felix A. Boericke ; Secretary, Mr. W. J. Jennings.

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### **ANNUAL MEETING OF THE OPHTHALMOLOGICAL, OTOLOGICAL, AND LARYNGOLOGICAL SOCIETY.**

The Ophthalmological, Otological, and Laryngological Society held its thirteenth annual meeting at "The Shoreham," Washington, D. C., on June 16, 18, and 19. Dr. Bellows, of Boston, presided, and thirty-five papers were read and discussed. Representative specialists from different parts of the country were present in large numbers. The President's address received more than usual attention and consideration. His topic was on the improvement of our *materia medica*. The opinion was expressed that a new method of proving drugs should be inaugurated and that the specialist should take an important part in the work. Attention was called to the fact that many of the drug symptoms as recorded are, in the light of our present knowledge, vague and entirely misleading.

Illustrations were given which conclusively proved this point. Suggestions were also offered for overcoming these, and other defects, in our system of prescribing drugs. The committee appointed to act on the address recommended that the society begin at once the work of drug proving along the lines laid down. It was advised that the President select a single standard drug, and that committees be appointed from our large cities to take up the work and to report results at the next annual meeting of the society.

## ITEMS OF INTEREST.

HIGH TEMPERATURE IN A CASE OF APPENDICITIS. — A reputable homœopathic physician, Dr. F. S. Sampson, of Penn Yan, N. Y., reports a case of chronic appendicitis in which the temperature has risen to 112 degrees or more every day for a period of nearly two months. The following statement was made by Dr. Sampson to representatives of the press : —

“Since March 24, 1900, until May 14, I took the temperature of Mary Gregory at least twice daily. The thermometer registered 112 degrees almost continually. A few times it was a degree or two lower.

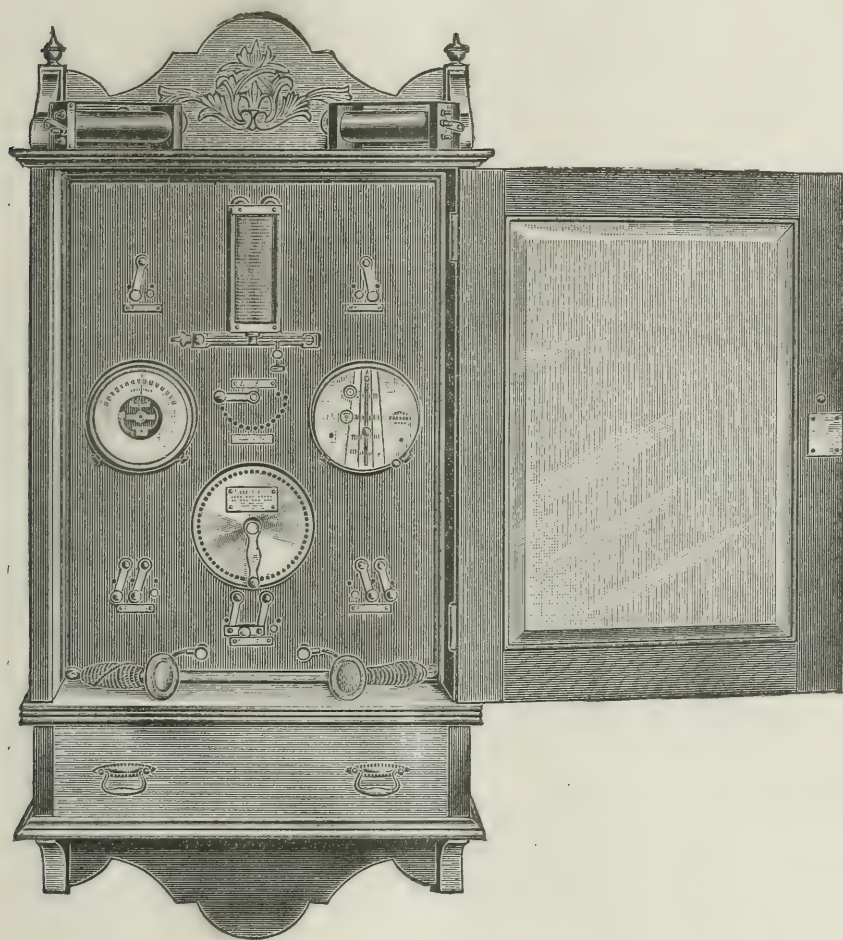
“A special thermometer was made to register 120 degrees. This was used twice in succession, and the temperature both times was 119 degrees. On using it a second time the instrument was broken.

“During all this time I have had ample opportunity to see that the mercury was not made to rise by contact with hot-water bag or poultice, etc. I am positive that the instrument registered the correct temperature in the last instance, and would have gone higher if the thermometer had permitted in the first.

“(Signed.) F. S. SAMPSON, M.D.”

THE IDEAL WALL CABINET BATTERY. — In the production of this cabinet it was aimed to supply a battery which, while answering all the demands of the specialist in electrotherapeutics, should at the same time be so simple in its construction that even a novice could operate it. Special attention has been given to the avoidance of all means of causing short circuits, “grounds,” etc., and by the use of a superior cell it is believed that with ordinary care the battery ought not to require any attention, for years, beyond renewing the zincs and excitant occasionally. We have known of these batteries being in constant use for two or three years at a time without renewals or attention, except to fill up the cells

with water to replace that lost by evaporation. The following detailed description calls attention to several unique features, and its inventor believes that both electrically and mechanically he has produced a battery superior to every other upon the market intended for a like purpose.



*Description of Cabinet.*—The *direct* or *galvanic current* is obtained from a battery of 50 “Perfection” carbon cells, using the Chlorammonium<sup>1</sup> excitant. A specially prepared porus carbon is used in the construction of these cells which renders them practically non-polarizable for medical work. The materials of which the elements and excitant are composed are selected with reference to their purity, thus securing a battery which is comparatively free from

<sup>1</sup> *Chlorammonium*, a name given to a special branch of sal-ammoniac noted for its purity.



local action on open circuit. Evaporation is prevented to a large extent by the close-fitting carbon top.

The galvanic current is measured by an accurate and sensitive mil-ammeter, so constructed as not to be affected by outside magnetic influence. It is wound with a shunt permitting readings from two different scales for small or large amperage. If the interrupted current is wanted, the meter can be cut out of circuit by means of a switch, thus preventing injury to the needle from its rapid vibration.

The induction apparatus for producing the alternating or faradic current consists of three removable coils wound with different sizes and lengths of wire for transforming the current to any desired tension or intensity.

The *low tension coil* is wound with a primary of 100 feet of No. 18 wire (B. & S. gauge) and a secondary of 150 feet of No. 16 wire, consisting of about 450 winds or turns of wire.

The primary of the *medium tension coil* is wound with 150 feet of No. 20 wire, and the secondary with 1,000 feet of No. 26, or about 3,000 turns of wire. This is so arranged that either 500 feet or 1,000 feet of wire can be used, the change being produced by moving a small switch on the end of the coil.

The *high tension coil* is wound with a primary of 200 feet of No. 22 wire, and a secondary of 4,500 feet of No. 36, or about 13,500 turns. This coil is arranged in a similar manner to the medium tension coil, allowing either 1,500, 3,000, or 4,500 feet of wire to be included in the circuit.

The switch-board of the cabinet is arranged so that one coil can be readily removed and another one substituted at any time.

The tension vibrator consists of a spring held perfectly rigid between two stout metal posts, the tension being regulated by a binding screw, thus allowing a variation in the interruptions of from a few hundred to about 40,000 per minute, the latter frequency being essential when using a high tension coil. The exciting current derived from four "Perfection" carbon cells is controlled by a small rheostat, and is ample to supply all demands.

We desire to call attention to a new feature in this apparatus, that is, the use of different primaries in each coil, allowing a much wider range of treatment with this invaluable form of the electric current than can be obtained with any other apparatus. Furthermore, the use of a separate primary for each coil allows the secondary to be wound directly upon the primary, thus utilizing the space, filled with a strong magnetic flux, which is left vacant when sliding coils are used in order to allow the secondary to move over the primary. A very decided gain in power is thereby effected.

The external circuits of both the direct and alternating currents are controlled by a permanent graphite rheostat with a variable resistance of from .02 ohm up to 200,000 ohms, thus giving the operator perfect command of his instrument, and doing away with the cumbersome old style cell selector and accompanying mass of wires with the attendant trouble of short circuits, loose connections, etc.

A graduated automatic rheotome is included in the circuit, allowing either variety of current to be automatically interrupted from 6 to 600 times per minute. When not in use the switch is thrown to the left, thus allowing the current to pass through without modification.

By the use of the selecting switches it is possible to obtain either the galvanic, faradic, or any possible combination of any of these currents without changing the cords.

The current selector permits the use of either galvanic, faradic, or a combination of the two varieties of current.

The faradic selector allows the use of either primary secondary, or combined faradic current.

By means of these two selectors the galvanic can be combined with either primary, secondary, or combination current from any of the coils, thus placing 31 different currents at the disposal of the operator. Manufactured only by Otis Clapp & Son. Price, \$150.00.

REVIEWS AND NOTICES OF BOOKS.

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A PRACTICAL TREATISE ON THE SEXUAL DISORDERS OF THE MALE AND FEMALE. New (second) edition. By Robert W. Taylor, M.D., Clinical Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. In one handsome octavo volume of 435 pages, with 91 illustrations and 13 plates in colors. Philadelphia and New York: Lea Brothers & Co. Cloth, \$3.00, net.

Possibly no subject demands a more exact and thorough understanding than this one of sexual disorders. Until quite recently the works of even the recognized authorities have contained an unscientific massing together of symptoms without definite or reasonable statement. Careful study and research have given sexual and genito-urinary diseases a definite and reasonably well established pathology. Few writers, however, have resisted the temptation to devote most of their energies to an exaggerated consideration of the psychoses sexualis. They have supplied us with treatises, interesting, it is true, even to the layman, but of doubtful value as practical guides for the treatment of these diseases.

Dr. Taylor, than whom perhaps no other man has had so large an experience with these disorders, gave the profession the first practical, comprehensive, and trustworthy work covering this subject. This first edition has been thoroughly revised, the second edition embodying much that has been developed by the investigations and studies of the author.

As a guide to the study and treatment of sexual disorders, this work is unexcelled. The opening chapters most carefully describe the anatomy and physiology of the sexual apparatus. Throughout the whole volume the underlying anatomical, physiological, and pathological conditions have been made the basis for careful diagnosis and rational treatment.

THE ANATOMY OF THE BRAIN. A Text-book for Medical Students, by Richard H. Whitehead, M.D., Professor of Anatomy in the University of North Carolina. Illustrated with 41 engravings. Philadelphia: The F. A. Davis Co. Cloth, \$1.00, net.



This work, intended as a text-book for students, has fulfilled the aim of the author in that it is "clear, accurate, and concise." It includes the divisions of the encephalon, its surface anatomy, internal anatomy, and conducting paths. Subjects which are still under controversy, and minor details which only confuse the students, have been omitted. Its completeness and compactness make it an excellent guide in the study of the brain.

A MANUAL OF THE DIAGNOSIS AND TREATMENT OF THE DISEASES OF THE EYE. By Edward Jackson, M.D., A.M., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic, etc. With 178 illustrations and 2 colored plates. Philadelphia: W. B. Saunders. 1900. pp. 6 to 604. Price, \$2.50.

While it is true that every physician should send his eye cases to the specialist, still it is essential that the general practitioner should have at least a theoretical knowledge of diseases peculiar to the eye. For this purpose, if alone, Dr. Jackson's work will be found a very valuable and practical help.

There are twenty chapters and a complete index. An entire chapter is devoted to the relations of ocular symptoms and lesions to general disease. The chapter on ophthalmoscopic diagnosis is brief, clear, and an excellent presentation of the subject. An important and useful chapter is that on mechanical injuries to the eye and its appendages.

SURGICAL PATHOLOGY AND THERAPEUTICS. By John Collins Warren, M.D., LL.D., Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital. Illustrated. Second edition, with an appendix containing an enumeration of the scientific aids to surgical diagnosis, together with a series of sections of regional bacteriology. Philadelphia: W. B. Saunders. 1900. Price, \$5.00, net.

Preparation for surgical work includes a thorough drilling in clinical bacteriology and pathology. Progress along surgical lines can only result from a thorough understanding of these subjects. Dr. Warren has very clearly and instructively associated pathological conditions with the symptoms and treatment of surgical diseases.

In this edition all the new changes and advances are embraced in a new appendix. This second edition is sure to maintain for this

work the important place in surgical literature which the original work at once obtained.

SAUNDERS' QUESTION COMPENDS.

NO. 2. ESSENTIALS OF SURGERY. In the form of Questions and Answers. By Edward Martin, A.M., M.D., Clinical Professor of Genito-Urinary Diseases in the University of Pennsylvania. Illustrated. Seventh edition, revised and enlarged.

NO. 17. ESSENTIALS OF DIAGNOSIS. By Solomon Solis-Cohen, M.D., Professor of Clinical Medicine and Therapeutics in the Philadelphia Polyclinic, and Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Illustrated. Second edition, revised and enlarged. Philadelphia: W. B. Saunders. 1900. Price, \$1.00, net.

A HANDBOOK FOR NURSES. By J. K. Watson, M.D., Edinburgh. American edition under supervision of A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania. Philadelphia: W. B. Saunders. 1900. Price, \$1.50, net.

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PERSONAL AND NEWS ITEMS.

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PRACTICE FOR SALE. — A physician desiring to pursue a special course of study will dispose of a \$5,000 practice near one of Maine's largest cities. Collections over 80 per cent of charges. A large capital unnecessary. For particulars address "L. M. N.," care of Otis Clapp & Son.

DR. H. H. COFFIN, B. U. S. M. 1900, has received the appointment to the Lowell General Hospital for one year.

DR. R. W. SOUTHGATE, of No. 2 Commonwealth Avenue, is at the Sunset Hill House, Sugar Hill, N. H., for the season. He will return to Boston about October 1.

MR. W. B. SAUNDERS wishes to announce the final accomplishment of a step that he has long had in mind. Feeling that the growth of the business to its present large pro-

portions has been due, not alone to his own exertions, but quite as much to the efficient coöperation of a number of his employees, he has decided to give recognition to such services by associating with himself in business, under the firm name of W. B. Saunders & Company, Mr. F. L. Hopkins, Manager of the Subscription Department, and Mr. T. F. Dagney, Manager of the Publication Department. These gentlemen have been connected with the establishment almost from its inception, and to their capable management of their respective departments Mr. Saunders attributes much of the success that has attended his efforts.

Mr. Saunders believes that this action will strengthen the position of the house in the eyes of the medical profession, as it will secure a permanence of organization that will ensure the perpetuation of the business. Besides this, it will obviate the disadvantages incident to a large business that rests entirely upon the shoulders of one person, by permanently attaching to the house those whose ability and experience have contributed in bringing the business to its present state of prosperity.

The Subscription and Publication Departments will be conducted as heretofore. The Trade Book Department will be under the management of Mr. W. D. Watson, whose connection with the house has extended over the past eight years, and who has demonstrated his ability to manage that department with efficiency and success.

DR. SAMUEL G. GANT, recently elected Professor of Rectal and Anal Surgery in the Post-Graduate Medical School and Hospital, has removed from Kansas City, Mo., to No. 58 West 56th Street, New York City.

PHYSICIAN'S LOCATION. — A desirable practice is for sale in one of the near-by suburbs of Boston. Four miles to State House. Steam and electric cars within two blocks. Practice affords an excellent opening for the right man. Terms: one half first year's collections from practice transferred. Address "A. B. X.," care of Otis Clapp & Son, 10 Park Square, Boston.



SUBSTITUTE PHYSICIAN. — A recent graduate of Boston University School of Medicine, with hospital, dispensary, and maternity experience, would like to take a physician's practice for the summer. Address "H. W. A.," care of Otis Clapp & Son, 10 Park Square, Boston.

WANTED. — A position as substitute by a graduate of Boston University School of Medicine. Address "H. F.," care of Otis Clapp & Son, 10 Park Square, Boston.

REMOVAL. — Dr. Jennie S. Dunn Cary, class of 1887, Boston University School of Medicine, has removed from Dorchester to No. 14 Weld Avenue, Roxbury.

PRACTICE FOR SALE. — A physician retiring from general practice desires to dispose of his business in a suburban town within a short distance from New York. The practice is large, among a refined class of people, and collections are a very large percentage of charges. The place demands a man of experience and some capital, and to such a one affords an exceptional opportunity. Address "W.," care of NEW ENGLAND MEDICAL GAZETTE (Otis Clapp & Son), 10 Park Square, Boston, Mass.

# THE NEW ENGLAND MEDICAL GAZETTE

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## COMMUNICATIONS.

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### SOME RECENT CASES OF HAND SURGERY.

BY HORACE PACKARD, M.D., BOSTON.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

In the glamour and glory associated with capital surgery, we are prone to forget, or at least attach but little importance to, operations for the relief of mutilations and malformations of lesser parts. It is very rare that life is lost because of hand mutilation, and when such a dire catastrophe does occur it is the result of virulent microbic infection rather than from loss of the member or of its function.

Victims of hand wounds are careless or indifferent, because of this immunity from fatality. The priceless value of a perfect hand is unappreciated until it is lost. Scarcely a more appalling disability can confront one than the loss of the hands, either in form or function.

In the finger tips resides the sense of touch. Through these highly specialized nerve terminals the blind read and the dumb talk. Without sight, without hearing, without speech, if but the hands are perfect, the light of education may reach the soul. With all other senses in their full vigor, absence of hands renders one a hopeless, helpless dependent. To a limited degree the feet may be educated to take the place of the hands, but their conformation and limited range of movement forbids more than the most commonplace functions. An armless dime museum freak was once exhibited in this city, and his accomplishments were widely heralded in the public print. He could write a fairly legible — shall I say hand or foot; he could pick up small objects and move

them from place to place. I distinctly remember seeing him sort out a desired key from a key-ring bunch and unlock a chest. In the school for crippled children there is an armless boy who has learned to work a typewriter with his toes, and write with crayon on a blackboard, and to do sundry other acts, surprising as foot accomplishments, but miserable failures when compared with the wonderful craft of the human hand.

The hand is an obtrusive member, always putting itself in dangerous places. If violence threatens the face, the hands are raised involuntarily to ward off the danger. If the equilibrium be lost, and a fall forward, backward, or sidewise be imminent, the hand goes out and takes the impact of the blow. In mechanical employments the hand is carried perilously near the rapidly revolving saw, the ravenous spines of the moulding machine, the hungry rollers of the hot laundry mangle, and alas, sometimes too near, and in a twinkling of an eye is off or a shapeless mass.

In a surgical practice of twenty years, many extremely interesting cases of hand surgery have come under my observation, many of which have already been reported, and all of which I propose to shortly embody in a monograph upon the "Surgery of the Hand."

To-day I purpose to lay before you only a few recent cases of more than passing interest, to show what modern surgery may do to improve maimed and almost useless hands, and how much may be accomplished by the patient in training a mutilated hand to usefulness. Incidentally I would also like to suggest, as a subject of discussion, maternal impressions and their bearing upon congenital malformations, illustrated by a case of defective hand which I hope to show you.

### *1. A Case of Tendon Suture.*

During my last term of service in the Massachusetts Homœopathic Hospital, a case was sent in by Dr. H. J. Little, of Norwell, in which the metacarpal bone of the left index finger had been severed by a blow from an axe. Both flexor and extensor tendons were severed, and the cut extended



through from dorsum to palm. Dr. Little had carefully sutured the skin wounds as a temporary measure to keep the parts supported, pending arrival at the hospital. The wound was reopened, and the ends of the severed tendons sought. The proximal ends were retracted far within their sheaths, but were finally found and brought into the field. The segments were then united with fine silk sutures adjusted at intervals about their circumference.

The wound was freely irrigated with one fourth per cent formaline solution and the integument sutured with continuous catgut. Prompt healing occurred without suppuration. Dr. Little reports the present condition, six months after the accident, as follows :—

“The patient, Mr. J. H. P——, cut his hand with an axe while chopping fire wood. The handle of the axe caught on the chopping-block, causing the axe to bound upward, and as it descended again it came across the back of his hand. The cut extended from the head of the third metacarpal across the shaft of the second metacarpal just above the joint, severing the bone and both flexor and extensor tendons nearly to the first metacarpal. The axe penetrated to the palm of the hand, leaving a wound about an inch in length beneath the second metacarpal. The muscular substance between the first and second metacarpal was divided to a certain extent.

“The wound healed nicely on the dorsal surface, having a fine linear scar. On the palmar surface there has been some cicatricial contraction, but not enough to impair motion of the thumb.

“The second finger is stiff, with some motion at the metacarpo-phalangeal articulation. The motion is impaired more than half, I should say. Below that point there is no motion, as the tendons do not work and the finger is slightly flexed. Whether this result is owing to non-union or adhesions at the point of union where it was severed I cannot say positively, but am inclined to think the latter is the trouble. There is a freer movement of the thumb than is normal on account of the muscular division, but he says it is as good as ever. There is a certain amount of stiffness of the third and fourth fingers on flexion.

"He is perfectly satisfied with the result, and his finger is useful to him in all the work he has to perform. From a surgical point of view, however, I should say that the operation was a failure as far as the restoration of the tendons and their functions are concerned."

The present condition as described by Dr. Little is interesting. Voluntary flexion and extension, even though it be restricted and limited to the metacarpo-phalangeal joint only, shows that the tendons are united, for there are no other sources of motion of the index finger. The limitation of motion is easily accounted for by entanglement of the tendons in the cicatricial tissue and adhesions incident to repair in the deeper parts of the wound.

### *2. A Case of Powder Burn of the Hand.*

Mr. H——, while conducting Fourth of July celebrations in a suburban town, suffered a very severe burn and mutilation of the right hand from a premature explosion while priming a cannon.

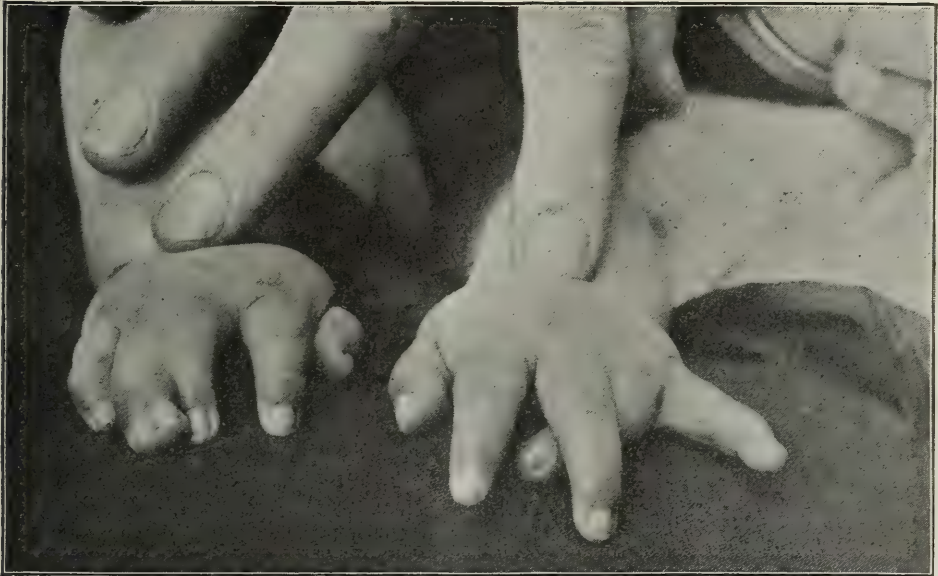
Long after healing had occurred he came under my care, presenting an extensive scar on the ulnar side of the palm and contraction of the ring and little fingers quite into the palm of the hand. The scar tissue was cut away, the fingers straightened, and skin grafting by the Thiersch method resorted to. The interesting feature of the case was a splinter of wood about one and one half inches long which was found imbedded in the densest part of the cicatrix. It had remained there six months without provoking suppuration. A good result followed the operation, although some curvature of the finger persists.

### *3. A Case of Tubercular Ostitis of the Ring Metacarpal.*

Miss M——, a young woman of eighteen years, consulted me for a fusiform swelling along the right ring metacarpal. It had already reached such proportions that the neighboring metacarpal bones were pushed apart and the dorsum of the hand was markedly rounded. An incision had been made some months previously by her physician in New Brunswick,

Canada, and the bone scraped. An X-ray examination showed nearly the whole ring metacarpal invaded by some kind of destructive process, but there was no evidence that the disease had invaded any other bones.

The whole finger with its metacarpal bone was removed. Prompt healing occurred, without a drop of pus. The little finger closed up snugly to the middle finger, and the deformity was scarcely noticeable unless one stopped to count the fingers. Pathological examination of the diseased bone showed the affection to be tubercular.



4. *A Case of Congenital Deformity of the Fingers. Web Fingers. A Supernumerary Finger. Angular Lateral Curvature of the Ring Finger.*

This case, an infant of five months, was referred to me by Dr. J. S. Devereaux, of Marblehead. The right hand had the middle and ring fingers webbed to within a quarter of an inch of the ends. The portion representing the ring finger was disproportionately large and thick, and had two nails which were fused, but showed cleavage at their free margin. The ring finger of the left hand was laterally bent to nearly a right angle, and rested across the palmar surface of the ring finger. X-ray exposure showed a most surprising state of matters in the right hand. In the webbed portion there



were three fingers instead of two ; that is, the part included in the web, which was supposed to be an unusually thick and strong ring finger, had within it the bony structures of two fingers. These two sets of phalanges were situated closely to each other, and the two first were fused through about two thirds their length.

The middle metacarpal was forked, presenting two articular heads, one for the middle finger, the other apparently for a part of the double ring finger.

#### OPERATION.

The middle finger was separated from the double ring finger by the Didot method, and the curved left ring finger straightened by an osteotomy. Perfect healing occurred without suppuration.

There is always some danger that web fingers may contract after separation or that they may grow together again. Many ingenious contrivances have been recommended looking to more perfect results. It seems to me that skin grafting by the Thiersch method may offer a better solution than the flap method of Didot. In this case already one of the fingers is beginning to show indication of contraction, and may later require skin grafting.

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### STATES OF MENTAL EXALTATION.

BY HENRY J. KLOPP, M.D.

*[Read before the Worcester County Homœopathic Medical Society.]*

Under this head are to be included the conditions of mental derangement which manifest "continued hilarity, excitement, and increased mental function in any special direction" (Stearns). It is not to be limited as simply expressing delusions of grandeur, of increased wealth, power, and importance, or a sense of well-being. Instead, exaltation is to be considered synonymous with "excitement" or "increased mental activity" that include mania and allied conditions.

It is a well-established fact that both depression and ex-

citement may and often do exist without any morbid basis, and while the brain is in a condition of health. In the first place, it will be necessary to remember that every individual can be considered in this respect to be a law unto himself, although limited by the constitution of his central nervous system. Remembering this fact, it will be necessary to establish a basis to work from, and to do this I shall take for my standard the best, and which to my mind appears to be the clearest, definition of insanity; namely, "A prolonged departure from the individual's normal standard of thinking, feeling, and acting."

In intoxication from liquor we usually find a varying degree of exaltation; but as a rule the exaltation does not become a prolonged departure unless, as we shall learn later, it develops into a form of alcoholic insanity. We may have exaltation developing in consequence of fever and other conditions, but more frequently it is only a temporary departure.

There exists at times in every person a wide departure, either in direction of depression or exaltation. A degree and a continuance of excitement which might rightly be regarded as abnormal in one person would not necessarily be so regarded in another. The ever-varying conditions of the physical system have a large influence upon the brain, not only in respect to the amount of its function, but also in respect to its quality and its facility of action.

I shall lay stress upon the characteristics and the mental and physical accompaniments of this condition in the different forms of insanity, so that it may be a help rather than a hindrance in diagnosis. At the same time I wish to impress this fact, that mental exaltation is common to a majority of different classes of insanity, and that a condition of mental exaltation in a patient does not necessarily indicate that the case is one of the several forms tending to recovery, or, in other words "not tending to dementia"; instead, it may be simply symptomatic of a case "tending to dementia."

In endeavoring to study some one form of mental derangement, we should proceed to differentiate the clinical forms

upon the basis of the underlying pathological processes. Although yet far from being able to demonstrate the underlying path, always remember that we must include what we can observe of the cause, symptoms, course, and outcome of the disease. In this way we will be enabled to determine whether a case belongs to the "functional psychoses," those "not tending to dementia," or whether it belongs to the "dementing psychoses," or those "tending to dementia."<sup>1</sup> We are able to do this in general paralysis. Here we can take into account the principles of general pathology, studying the cause, pathology, symptoms, course, and termination of the disease, and thus understand it in its entirety.

Taking into consideration, in the first place, the pathological cause of mental exaltation upon the basis of the neuron theory, we find the inhibitory centres are the first to become affected; "there is very marked lowering of the resistance of the cortical neurons, beginning in the higher (ideational) centres."<sup>2</sup> All the symptoms point to heightened activity and lowered resistance of the neuron groups." MacPherson says: "In mental exaltation the implication of consciousness is more extensive and more profound than in mental depression. The lowered resistance and consequent heightened activity of neurons of the higher centres, which are concerned in the process of conscious attention, are so pronounced that attention cannot be fixed for any given time upon any one idea or sensation or group of ideas. Consequently, the lower centres, freed from inhibition, become hyperæsthetic and hyperkinetic. The absence of the feeling of normal fatigue, after great and prolonged exertion, which is so remarkable a feature of acute mania, is entirely owing to the fact that conscious attention, which is alone capable of feeling exhaustion, is in this state in abeyance. The unconscious mind does not become tired."<sup>3</sup>

In order to be able to make a diagnosis, and determine whether mental exaltation belongs to the recoverable "functional psychoses" or to the "dementing psychoses," it will

<sup>1</sup> Cowles, *Progress in the Clinical Study of Psychiatry*, 1899.

<sup>2</sup> MacPherson, *Mental Affections*, 1899.

<sup>3</sup> MacPherson, *Mental Affections*, 1899.



be necessary to study the mental and physical symptoms under the various forms. Under the first head we have mania, with its various sub-divisions.

Simple or sub-acute mania is the first degree of mania. Intellectually all the faculties manifest marked mental exaltation, which shows itself in a general tone of self-satisfaction. The ever-stimulated imagination leads the individual to devise various schemes and projects, partaking of the nature of business plans, political and social schemes, as well as literary and scientific ideas. The character of the ideas are extremely variable, being based chiefly upon fortune, pride, and ambition. They remain, as a rule, coherent, and manifest no distinct delusions. The memory is in a condition of hyper-excitation. They remember dates, names, and figures with great accuracy, and may recite long passages. The maniacal excitement is nearly always accompanied by bodily activity. The personal character of the individual is changed; the moral nature usually becomes perverted during the attack. They are ungrateful, unjust, untruthful, and cruel. They may plunge into venereal and alcoholic excesses, and before insanity is recognized by their friends they undergo serious financial and social losses.

The general excitement of the cerebral functions attains its greatest height in acute mania, also known as typical mania. In this form we have great mental exaltation, combined with intellectual disturbance, sensory disorders, and extreme motor restlessness. In the large majority of cases the condition of maniacal excitement is preceded by a phase of depression. The depression preceding acute mania may be so brief as to be hardly noticed, or it may take several days or weeks before full development.

Acute mania may, however, commence as simple mania and then pass into the acute form. When the general malaise passes away, it is followed by a feeling of well-being and exalted ideas. As the intellectual excitement progresses the patient is less able to fix his attention upon any one subject. His ideas become more numerous, until in many cases the symptom of incoherence of speech presents itself;

about the same time illusions and hallucinations begin to appear. The motor excitement, under which the patient invariably labors, is shown by his incessant movement and loquacity.

There are many varieties of mania described by different writers. First in importance is acute delirious mania. The features of this form are as striking as they are instructive. It runs a short and quick course, usually of from three to five days' duration, not oftener of more than ten days, seldom to recovery, most often to death. The chief symptoms are delirious incoherence of thought and conduct, taking on the form of a delirious frenzy. The frenzy is followed by a comatose exhaustion and collapse, in which the patient presents a dry tongue, feeble and irregular pulse, with lips and teeth covered with sordes. The temperature is high, ranging between  $105^{\circ}$  and  $106^{\circ}$ , continues unduly high throughout its course, and is high when a fatal end is near.

"Mania transition is an ephemeral aberration of mind of the exalted type, and of extremely sudden evolution."<sup>1</sup> (After brief premonitory symptoms, such as vertigo or headache and suffused countenance, there is an outbreak of violent maniacal excitement, intense hallucinations, with confusion of ideas. The whole attack varies in duration from a few hours or days, and disappears as quickly. It terminates by a long and profound sleep. All the symptoms of mania transitoria may be seen in the beginning of febrile and inflammatory complaints, in unstable brains, also in cases complicated by epilepsy.)

Under the head of "Periodical Insanity" we have intermittent and remittent mania and circular insanity. These are characterized by periodic departures from and returns to the normal mental standard.

Intermittent or recurrent mania is a form that is frequently seen in hospitals. The attack of mania, which is usually of the simple form, is of some months' duration, is followed by a period of perfect health on an average of a year or more. Then another attack of mania occurs, followed

<sup>1</sup> Kellogg, Text-book of Mental Diseases, 1897.

by another interval of health. The periodicity may continue indefinitely or for a lifetime. Remittent mania differs from intermittent in the fact that the patient, during remission of all the symptoms, does not at any time return to the full level of mental health.

Circular insanity presents regularly attending and recurring periods of mental exaltation, depression, and sanity. The attacks of exaltation and depression succeed each other usually without any intermission, and are followed by a lucid interval of longer or shorter duration. The form of mania is usually of the type as described under simple mania.

The indefinite persistence of the symptoms of acute mania is considered as chronic mania. The excitement and exaltation is continuous, but usually less intense, and the patient is more manageable.

Lastly, maniacal excitement is to be considered as occurring in the course of other diseases and pathological conditions, coming chiefly under the head of the "Dementing Psychoses," such as senile decay of the brain, paralysis, alcoholism, puerperal affections, hebephremia, paranoia, epilepsy, and in general paresis. It also occurs in idiocy and imbecility. The mental exaltation that accompanies these conditions usually takes on the form of either sub-acute or acute mania. The diagnostic feature in all these diseases must depend entirely upon the history of the individual case.

In mental exaltation accompanying senile decay of the brain, we obtain a history that the patient has passed the age of sixty, and there is always present a certain amount of dementia or mental enfeeblement. The condition is known as senile mania. In paralysis we get a history of apoplexy. The condition is known as post-apoplectic insanity. In alcoholism, a history of debauch or of chronic alcoholic poisoning is obtained, resulting in alcoholic insanity. In puerperal affections we have a history that the exaltation followed after parturition or during lactation. It may be of infective origin, but more often is implanted upon a constitution predisposed to insanity on account of an unstable nervous organization. In hebephremia, may be, the condition



manifests itself about the time of the adolescent period. The exaltation in cases of epilepsy may occur prior, during, or after an attack of epilepsy. It may take on the transitory, simple, or acute form. The patient may or may not present delusions, illusions, and hallucinations. In idiocy or imbecility upon which is implanted a condition of mania, it is only necessary to remember and take into consideration the constitutional inferiority.

A case of paranoia usually passes through the periods of invasion and the period of persecution without manifesting a condition of exaltation. Having passed through these evolutionary periods, he enters upon the transition stage, or the period of exaltation and ambition. Ideas of grandeur, pride, power, and wealth are superadded to the existing ideas of persecution. This latter condition is known by some authors as the "monomania of pride and grandeur."

The most important of this latter group of diseases for different diagnosis is that of general paresis. In this affection it is necessary to study both the intellectual and moral as well as the physical symptoms. The disease begins very gradually, but the symptoms are usually unobserved by the friends until questioned about their past history, when they will recall that the patient has been acting strangely for a year or two; that he has been extravagant in many directions, and has had exalted ideas. The patient has probably led a dissipated life and disposed of his savings. The exception to this rule is when the disease begins following an epileptiform seizure or a congestive attack. The mental symptoms of the first stage are mental exaltation, with a degree of motor excitement resembling mania. Delusions of grandeur are frequently present. They take the form of extravagant ideas of self-importance, strength, or great wealth. These symptoms become exaggerated in the second stage. The most prominent physical symptom is the character of the speech, which is of a hesitating nature. In some it is of a drawling, sing-song nature. There is tremor of the tongue and lips; handwriting betrays tremor and failing memory. The reflexes are variable; they may be exagger-

# SUMMARY OF CASES.

DIAGNOSES	OPERATION	NO OF CASES	NO. OPERATIONS	CURED.	IMPROVED	NOT IMPROVED	DETH.	REMAINING.
ABDOMINAL SECTIONS.								
Adeno-carcinoma of ovaries	Ovariectomy, double	1	1	1				
Adeno-cystomata " "	"	1	1	1				
Appendicitis, acute	Appendicectomy	8	8	7				1
" " typhoid.	"	1	1				1	
" " intercurrent	"	19	18	17				2
" " suppurative	" " drainage	11	6	9				2
Carcinoma of intestines	Exploratory incision	1	1				1	
" " ischium.	Inguinal colostomy.	1	2		1			
" " liver.	Exploratory incision	1	1					1
" " omentum	" "	1	1				1	
" " rectum	Inguinal colostomy	1			1			
" " uteri	Abdominal hysterectomy	2	4					2
Cholelithiasis.	Vaginal hysterectomy	1	1	1				
"	Cholecyst-enterostomy.	1	1					1
Cystoma of ovary.	Cholecystostomy.	3	4	1				2
" " ; retroversio uteri.	Ovariectomy	4	4	3				1
" " ; "	Resection of ovary, ventral susp.	1	1	1				
Cystomata of ovaries.	Tubo-ovariotomy; ventral susp.	1	1				1	
" " "	Ovariectomy, single, resection of ovary..	2	2	2				
" " "	Resection of both ovaries	1	1	1				
" " ; appendicitis intercurrent	Tubo-ovariotomy .. (pendicectomy	2	2	2				
Extra-uterine pregnancy	" " double; ventral suspension; ap-	2	2	2				
Hematoma of ovary, l.; retroversio uteri....	Tubo-ovariotomy, r; appendicectomy	2	2	1				1
HEBENIAE.	" " ventral suspension	1	1	1				
Femoral....	Herniotomy	2	2	1				1
Inguinal, indirect.	"	7	7	5				2
" " double.	"	2	4	1				1
Umbilical....	"	1	1				1	
" ; phimosi.	" ; circumcision	1	2	1				
Ventral, post-operative.	"	1	1	1				
Intestinal adhesions	Exploratory incision.	1	1	1				
" obstruction	Colostomy, inguinal	1			1			
Myoma of rectus abdominis muscles	Extirpation	1	1					1
" uteri.	Abdominal hysterectomy	8	4	6				2
" " ; appendicitis, intercurrent	Vaginal	2	2	2				
" " ; "	Abdominal " ; appendicectomy	2	1	2				
" " ; cystomata of ovary.	Myomectomy, vaginal, appendicectomy	1	2	1				
" " ; "	" " abd., resection of ovary..	1	1				1	
Procidentia uteri	Vaginal hysterectomy	1		1				
" "	Ventral fixation	1	1	1				
" " ; cystomata of ovary, r.	" suspension	1	1	1				
" " ; endometritis; lac. cervix	" " resection of ovary.	2	2					2
" " ; lac. cervix, cystocele, recto-	" " curetting; trachelorrhaphy	1	3					1
cele; ruptured perineum	" fixation, trachelorrhaphy; ant. and post.	1	5	1				
Pyo-salpingitis....	colporrhaphy, perineorraphy	1	5	1				
" " double.	Abdominal hysterectomy.	1	1	1				
" " ; appendicitis, intercurrent.	Tubo-ovariotomy, double	1	1	1				
" " ; l.; cystoma of ovary, r., appen-	" " ; ventral susp.	3	3	2				1
ditis, intercurrent.	" " ; appendicectomy.	1	1					1
" " ; r; par ovarian cyst, l.; myoma	" " l; resection of ovary, r.; appen-	1	1	1				
Retention cyst of kidney.	dicectomy	1	1	1				
Retroversio uteri.	Tubo-ovariotomy, r, salpingectomy, l, myomecty	1	1	1				
" " ; cystomata of ovary, r.	Abd. extirpation; lumbar fixation..	1	1	1				
	Ventral suspension	1	1					1
	" " resection of ovary	2	2	2				

## GENERAL CASES.

Abortion, septic.	Curetting	3	3			3
Abscess of arm..	Opened, curetted and drained	1	2	1		
" " axilla	" " " "	1	1	1		
" " back.	" " " "	2	3	1	1	
" " forehead.	" " " "	1	1	1		
" " ischio-rectal	" " " "	1	1			1
" " leg.	" " " "	1	1	1		
" " peri-dental.	Extraction of tooth.	1	1	1		
" " psoas	Opened, curetted and drained	2	2			2
" " thigh	" " " "	3	2	3		
" " vulvo-vaginal	" " " "	2	1	2		
Burn of arm	Skin grafting declined	1	1			1
" " hand	" " " "	1	1	1		
" " thigh	" " " "	1	2	1		
Bursa of thumb	Extirpation.	1	1	1		
Bursitis of knee	Fixation in Plaster	1	1			1
Calculus vesicae	Lithotripsy....	1	1	1		
Carcinoma uteri.	Inoperable	1				1
Caries of wrist	Arthrotomy	1			1	
Cervical adenitis	Extirpation of glands.	1	1	1		
"	Opened, curetted and drained	3	3	3		
Cicatrix of breast	Skin grafting	1	1	1		
Cystitis..	Not treated	1				1
Cystocele, rectocele, ruptured perineum.	Ant. and post. colporrhaphy, perineorrhaphy	4	12	3		1
Cyst of labium, abscess of labium	Extirpation, curetting	1	2	1		
Deformed feet, congenital.	Amputation of toes.	1	1	1		
" " toes.	" " " "	1	1	1		
Depressed fracture of skull.	Cranlectomy.	4	3	1		2
Dislocation of elbow; fracture of radius	Reduction and fixation.	1	1		1	
" " shoulder	Examination under ether	1				1
Empyema	Resection of ribs.	2	4		1	1
Endometritis	Curetting	11	9	9	1	1
" " ; cystocele; rectocele, rupt. perineum	No operation	2				2
" " " " " "	Curetting, ant. and post. colporrhaphy, perineorr	1	4	1		
" " " " " "	" " " " " " , extirpation	1	5	1		
" " lipoma of thigh	Curetting, dilatation	1	2	1		
" " dysmenorrhoea.	" ; proctorrhaphy	1	2	1		
" " hemorrhoids.	" ; extirpation	1	2	1		
" " ; cyst of vaginal wall	" ; trachelorrhaphy.	7	12	5		2
" " ; lac. cervix.	" " ; ant. and post. colporr-	3	15	3		
" " " " cystocele, rectocele, rupt.	haphy; perineorrhaphy	9	27	7		2
" " (perineum) rupt. perineum	Curetting, trachelorrhaphy, perineorrhaphy	1	4	1		
" " " " " " ; abscess	" " " " " " ; open	1	4	1		
" " of labium	ed, curetted and drained	1	2	1		
" " polypus uteri.	Curetting, extirpation	1	6	3		
" " ; rupt. perineum	" , perineorrhaphy	1	2	1		1
" " stenosis os uteri	" , dilatation	1	1	1		
Erosion of vulva	Excision	1	1			1
Fistula in ano.	Opened, curetted and drained	1	1	1		
" " " "	" ; primary closure	1	1	1		
Floating kidney.	Lumbar fixation	1	1	1		
Foreign body (hat pin) in alimentary canal.	Passed per rectum	1				1
Fracture of ankle	Reduction and fixation	1	1	1		
" clavicle.	" " " "	1	1	1		
" femur	" " " "	1			1	
" fifth metatarsus	Removal of sequestrum	1	1			1
" humerus.	Reduction and fixation.	1	1	1		
" metacarpus of thumb	" " " "	1	1	1		
Genu valgum....	Plaster bandage	1				
Hammer toe, phimosi	Amputation, circumcision	1	2	1		
Hare lip	Cheiloplasty	3	4	2		
"	No operation	1				1
Hemorrhoids.	Clamp and cautery....	2	2	2		
" " ; wen of thigh	Proctorrhaphy	1	1	1		
Hydrocele....	" , extirpation	1	2	1		
Hysteria..	Extirpation of sac	1	1	1		
Hystero-epilepsy	No operation	1				1
Hypertrophy of cervix, cystocele; rectocele.	Examination under ether .. (neorrhaphy	1			1	
Hypertrophied tonsils	Amp. of cervix; ant. and post. colporrhaphy; per-	1	4	1		
Infantile uterus.	Tonsillotomy	2	2	2		
Lacerated cervix....	No operation	1				1
" " " " (neum)	" " " " (perineorrhaphy	2				2
" " ; cystocele, rectocele, rupt. per-	trachelorrhaphy, ant. and post. colporrhaphy.	1	4	1		
" " " " rupt. perineum	" , perineorrhaphy	1	1	1		
Menorrhagia.	Curetting	1	1	1		
Miscarriage	"	1	1	1		
Movable kidney.	Lumbar fixation	1	1	1		
Myoma uteri	No operation	4				4
"	Vaginal myomectomy	1	1	1		
Necrosis of ribs	Resection	2	1	1		1
No diagnosis.	No operation	10				10
Osteomyelitis.	"	1			1	
Phimosi	Circumcision	1	1			1
"	Dilatation	1	1	1		
Pistol shot wound of hand	Extraction of bullet.	1	1	1		
" " " orbit	" " " "	1	1			1
Polypus uteri	Extirpation	2		2		
Pregnancy.	No operation	1				1
" " death of fetus	Abortion	1	1	1		
Retroversio uteri	No operation.	1				1
Rupt. perineum	Perineorrhaphy.	2	2	1		1
" " complete..	"	1	1			1
Sinus of back	Opened, curetted and drained.	1	2			1
" neck	" " " "	1	1			1
" perineum	No operation	1				1
" " " "	Opened, curetted and drained	2	2	2		
" thigh.	" " " "	1	1	1		1
Sepsis of arm.	No operation	1	1	1		
" " " "	Opened, curetted and drained.	2	3	1		1
" hand.	" " " "	4	3	4		
" scalp	No operation	1			1	
" thumb	Opened, curetted and drained	1	1	1		
Severed tendon	Suture of tendon	1	1	1		
Stenosis os uteri	Dilatation	5	5	4		1
" vaginae	"	1	1	1		
Stricture urethrae	"	3	3	1		1
Traumatism of thigh	No operation	1				1
Tumors.						
Adeno-cystoma mammae.	Extirpation	1	1			1
Carcinoma " "	"	5	2	1	2	
" " of inguinal glands	" " , with axillary glands	5	6	3		2
" " rectum.	"	1	1			1
" " uteri.	Dilatation	1	1			
" " vulvae.	Curetting	2	1		2	
Epithelioma of lip	Extirpation	1	1	1		
Fibroma mammae.	"	1	1	1		
Lipoma of arm.	"	1	1	1		
Sarcoma mammae	" , with axillary glands.	1	1	1		
Urethral caruncles	"	1	1			
Vaginitis.	No operation	3	2	3		
Varicocele	Extirpation of veins.	1			1	
Varicose ulcer	No operation	4	4	3		1
Wen of scalp	Extirpation	1	1	1		

RESUME.—Total No. of cases, 330, operations, 348, deaths, 10. Percentage of deaths to number of cases, 3.03 per cent, operations, 2.88 per cent.

330 348 212 16 27 10 95



# SUMMARY OF CASES.

DIAGNOSIS.	OPERATION.	NO. OF CASES.	NO. OPERAT'NS.	CURED.	IMPROVED.	NOT IMPROVED	DIED.	REMAINING.
ABDOMINAL SECTIONS.								
Adeno-carcinoma of ovaries.....	Ovariectomy, double.....	1	1	1				
Adeno-cystomata " ".....	" " " ".....	1	1					1
Appendicitis, acute.....	Appendicectomy.....	8	8	7				1
" " ; typhoid.....	" " " ".....	1	1				1	
" " , intercurrent.....	" " " ".....	19	18	17				2
" " , suppurative.....	" " ; drainage.....	11	6	9				2
Carcinoma of intestines.....	Exploratory incision.....	1	1				1	
" " " ".....	Inguinal colostomy.....	1	2		1			
" " ischium.....	Exploratory incision.....	1	1				1	
" " liver.....	" " " ".....	1	1				1	
" " omentum.....	" " " ".....	1			1			
" " rectum.....	Inguinal colostomy.....	2	4					2
" " uteri.....	Abdominal hysterectomy.....	1	1	1				
" " " ".....	Vaginal hysterectomy.....	1	1					1
Cholelithiasis.....	Cholecyst-enterostomy.....	1	1					1
" " " ".....	Cholecystotomy.....	3	4	1				2
Cystoma of ovary.....	Ovariectomy.....	4	4	3				1
" " " ; retroversio uteri.....	Resection of ovary ; ventral susp.....	1	1	1				
" " " ; " " " ".....	Tubo-ovariectomy ; ventral susp.....	1	1				1	
Cystomata of ovaries.....	Ovariectomy, single ; resection of ovary.....	2	2	2				
" " " ".....	Resection of both ovaries.....	1	1	1				
" " " ".....	Tubo-ovariectomy.....	2	2	2				
" " " ; appendicitis intercurrent.....	" " , double ; ventral suspension ; ap- pendicectomy.....	2	2	2				
Extra-uterine pregnancy " ".....	Tubo-ovariectomy, r ; appendicectomy.....	2	2	1				1
Hematoma of ovary, l ; retroversio uteri.....	" " , ventral suspension.....	1	1	1				
HERNIAE.								
Femoral.....	Herniotomy.....	2	2	1				1
Inguinal, indirect.....	" " " ".....	7	7	5				2
" " " , double.....	" " " ".....	2	4	1				1
Umbilical.....	" " " ".....	1	1				1	
" " ; phimosis.....	" " ; circumcision.....	1	2	1				
Ventral, post-operative.....	" " " ".....	1		1				
Intestinal adhesions.....	Exploratory incision.....	1	1	1				
" " obstruction.....	Colostomy, inguinal.....	1			1			
Myoma of rectus abdominis muscles.....	Extirpation.....	1	1					1
" " uteri.....	Abdominal hysterectomy.....	8	4	6				2
" " " ".....	Vaginal " ".....	2	2	2				
" " ; appendicitis, intercurrent.....	Abdominal " " ; appendicectomy.....	2	1	2				
" " ; " " " ".....	Myomectomy, vaginal ; appendicectomy.....	1	2	1				
" " ; cystomata of ovary.....	" " , abd ; resection of ovary.....	1	1				1	
Procidentia uteri.....	Vaginal hysterectomy.....	1		1				
" " " ".....	Ventral fixation.....	1	1	1				
" " " ".....	" " suspension.....	1	1	1				
" " ; cystomata of ovary, r.....	" " ; resection of ovary.....	2	2				2	
" " ; endometritis ; lac. cervix.....	" " ; curetting ; trachelorrhaphy.....	1	3				1	
" " ; lac. cervix ; cystocele ; recto- cele ; ruptured perineum.....	" " fixation ; trachelorrhaphy ; ant. and post. colporrhaphy ; perineoraphy.....	1	5	1				
Pyo-salpingitis.....	Abdominal hysterectomy.....	1	1	1				
" " , double.....	Tubo-ovariectomy, double.....	1	1	1				
" " " ".....	" " " " ; ventral susp.....	3	3	2				1
" " ; appendicitis, intercurrent.....	" " " " ; appendicectomy.....	1	1					1
" " , l ; cystoma of ovary, r ; appen- dicitis, intercurrent.....	" " , l ; resection of ovary, r ; appen- dicectomy.....	1	1	1				
" " , r ; par-ovarian cyst, l ; myoma.....	Tubo-ovariectomy, r ; salpingectomy, l ; myomect'y.....	1	1	1				
Retention cyst of kidney.....	Abd. extirpation ; lumbar fixation.....	1	1	1				
Retroversio uteri.....	Ventral suspension.....	1	1					1
" " ; cystomata of ovary, r.....	" " ; resection of ovary.....	2	2	2				

## GENERAL CASES.

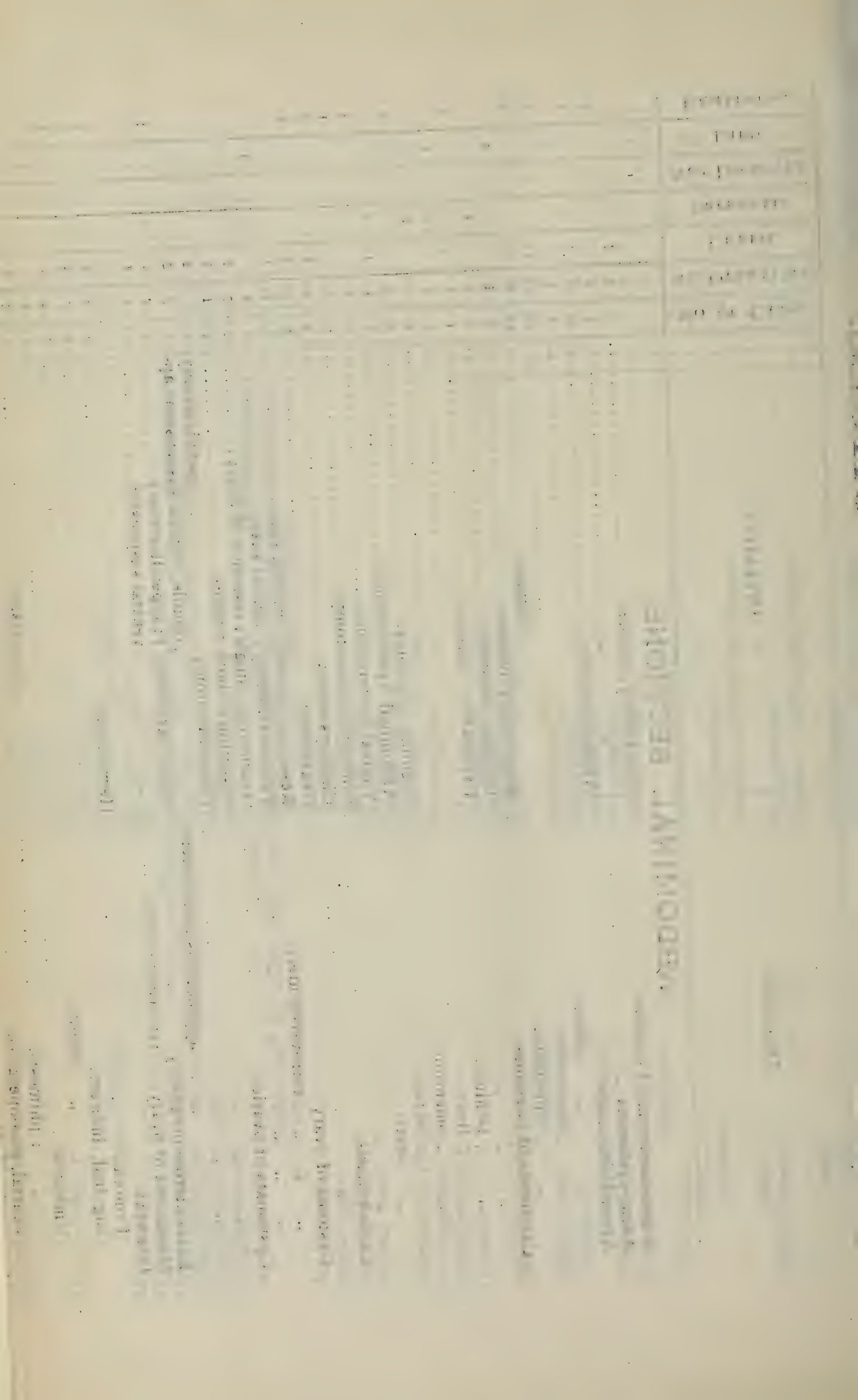
Abortion, septic.....	Curetting.....	3	3					3
Abscess of arm.....	Opened, curetted and drained.....	1	2	1				
" " axilla.....	" " " " " ".....	1	1	1				
" " back.....	" " " " " ".....	2	3	1	1			
" " forehead.....	" " " " " ".....	1	1	1				
" " ischio-rectal.....	" " " " " ".....	1	1	1				1
" " leg.....	" " " " " ".....	1	1	1				
" " peri-dental.....	Extraction of tooth.....	1	1	1				
" " psoas.....	Opened curetted and drained.....	2	2					2
" " thigh.....	" " " " " ".....	3	2	3				
" " vulvo-vaginal.....	" " " " " ".....	2	1	2				
Burn of arm.....	Skin grafting declined.....	1					1	
" " hand.....	" " " " " ".....	1	1	1				
" " thigh.....	" " " " " ".....	1	2	1				
Bursa of thumb.....	Extirpation.....	1	1	1				
Bursitis of knee.....	Fixation in Plaster.....	1	1	1				1
Calculus vesicae.....	Lithotriety.....	1	1	1				
Carcinoma uteri.....	Inoperable.....	1					1	
Caries of wrist.....	Arthrotomy.....	1			1			
Cervical adenitis.....	Extirpation of glands.....	1	1	1				
" " " ".....	Opened, curetted and drained.....	3	3	3				
Cicatrix of breast.....	Skin grafting.....	1		1				
Cystitis.....	Not treated.....	1					1	
Cystocele ; rectocele ; ruptured perineum.....	Ant. and post. colporrhaphy ; perineorrhaphy.....	4	12	3				1
Cyst of labium ; abscess of labium.....	Extirpation ; curetting.....	1	2	1				



Cyst of labium; abscess of labium.	Extirpation; curetting.	I	2	I					
Deformed feet, congenital.	Amputation of feet.	I	I	I					
" " toes.	" " toes.	I	I	I					
Depressed fracture of skull.	Craniectomy.	4	3	I			I	2	
Dislocation of elbow; fracture of radius.	Reduction and fixation.	I	I			I			
" " shoulder.	Examination under ether.	I	I						I
Empyema.	Resection of ribs.	2	4			I			I
Endometritis.	Curetting.	II	9	9		I			I
" " ; cystocele; rectocele; rupt. perineum	No operation.	2					2		
" " ; " " ; " " ; " " ; " "	Curetting; ant. and post. colporrhaphy; perineorrhaphy; extirpation	I	4	I					
" " ; lipoma of thigh.	" " " " " "	I	5	I					
" " ; dysmenorrhoea.	Curetting; dilatation.	I	2	I					
" " ; hemorrhoids.	" " ; proctorrhaphy.	I	2	I					
" " ; cyst of vaginal wall.	" " ; extirpation.	I	2	I					
" " ; lac. cervix.	" " ; trachelorrhaphy.	7	12	5				2	
" " ; " " ; cystocele; rectocele; rupt. [perineum	" " ; ant. and post. colporrhaphy; perineorrhaphy.	3	15	3					
" " ; " " ; rupt. perineum.	Curetting; trachelorrhaphy; perineorrhaphy.	9	27	7				2	
" " ; " " ; " " ; abscess	" " ; open.	I	4	I					
" " ; of labium.	ed, curetted and drained.	I	2	I					
" " ; polypus uteri.	Curetting; extirpation.	I	2	I					
" " ; rupt. perineum.	" " ; perineorrhaphy.	3	6	3					
" " ; stenosis os uteri.	" " ; dilatation.	I	2	I					I
Erosion of vulva.	Excision.	I	I	I					I
Fistula in ano.	Opened, curetted and drained.	I	I	I					
" " "	" " ; primary closure.	I	I	I					
Floating kidney.	Lumbar fixation.	I	I	I					
Foreign body (hat pin) in alimentary canal.	Passed per rectum.	I	I	I					I
Fracture of ankle.	Reduction and fixation.	I	I	I					
clavicle.	" " "	I	I	I					
femur.	" " "	I	I	I			I		
fifth metatarsus.	Removal of sequestrum.	I	I	I					I
humerus.	Reduction and fixation.	I	I	I					
metacarpus of thumb.	" " "	I	I	I					
Genu valgum.	Plaster bandage.	I	I	I					
Hammer toe; phimosis.	Amputation; circumcision.	I	2	I					
Hare lip.	Cheiloplasty.	3	4	2					I
" " "	No operation.	I							I
Hemorrhoids.	Clamp and cautery.	2	2	2					
" " "	Proctorrhaphy.	I	I	I					
" " ; wen of thigh.	" " ; extirpation.	I	2	I					
Hydrocele.	Extirpation of sac.	I	I	I					
Hysteria.	No operation.	I							
Hystero-epilepsy.	Examination under ether.	I				I			
Hypertrophy of cervix; cystocele; rectocele.	Amp. of cervix; ant. and post. colporrhaphy; perineorrhaphy.	I	4	I					
Hypertrophied tonsils.	Tonsillotomy.	2	2	2					
Infantile uterus.	No operation.	I					I		
Lacerated cervix.	" " [perineorrhaphy	2					2		
" " ; cystocele; rectocele; rupt. perineum	Trachelorrhaphy; ant. and post. colporrhaphy; perineorrhaphy.	I	4	I					
" " ; rupt. perineum.	" " ; perineorrhaphy.	I							
Menorrhagia.	Curetting.	I	I	I					
Miscarriage.	" "	I	I	I					
Movable kidney.	Lumbar fixation.	I	I	I					
Myoma uteri.	No operation.	4					4		
" " "	Vaginal myomectomy.	I	I	I					
Necrosis of ribs.	Resection.	2	I	I					
No diagnosis.	No operation.	10					10		
Osteomyelitis.	" "	I							
Phimosis.	Circumcision.	I	I	I					I
" " "	Dilatation.	I	I	I					
Pistol shot wound of hand.	Extraction of bullet.	I	I	I					
" " " " orbit.	" " " " "	I	I	I					
Polypus uteri.	Extirpation.	2		2					
Pregnancy.	No operation.	I							
" " ; death of foetus.	Abortion.	I	I	I					
Retroversio uteri.	No operation.	I							
Rupt. perineum.	Perineorrhaphy.	2	2	I					I
" " , complete.	" "	I							
Sinus of back.	Opened, curetted and drained.	I	2						
neck.	" " "	I	I						
perineum.	No operation.	I							
" " "	Opened, curetted and drained.	2	2	2					
thigh.	" " " " "	I	I						
Sepsis of arm.	No operation.	I	I	I					
" " "	Opened, curetted and drained.	2	3	I					
hand.	" " " " "	4	3	4					
scalp.	No operation.	I							
thumb.	Opened, curetted and drained.	I	I	I					
Severed tendon.	Suture of tendon.	I	I	I					
Stenosis os uteri.	Dilatation.	5	5	4					
" " vaginae.	" "	I	I	I					
Stricture urethrae.	" "	3	3	I					
Traumatism of thigh.	No operation.	I							
TUMORS.									
Andeno-cystoma mammae.	Extirpation.	I	I						
Carcinoma	" "	3	2	I			2		
" " of inguinal glands.	" " , with axillary glands.	5	6	3					2
" " rectum.	" "	I	I						
" " uteri.	Dilatation.	I	I						
" " vulvae.	Curetting.	2	I				2		
Epithelioma of lip.	Extirpation.	I	I	I					
Fibroma mammae.	" "	I	I	I					
Lipoma of arm.	" "	I	I	I					
Sarcoma mammae.	" " , with axillary glands.	I	I	I					
Urethral caruncles.	" "	3	2	3					
Vaginitis.	No operation.	I							
Varicocele.	Extirpation of veins.	4	4	3					
Varicose ulcer.	No operation.	I							
Wen of scalp.	Extirpation.	I	I	I					

RESUME.—Total No. of cases, 330; operations, 348; deaths, 10. Percentage of deaths to number of cases, 3.03 per cent.; operations, 2.88 per cent.

330 348 212 16 27 10 65



ated, diminished, absent, or unequal, and may be found normal. The pupil reflexes are more constant and significant, although variable. Inequality and contraction of the pupils are two of the most constant signs. They most frequently react sluggishly to light and accommodation, but may not react to either, or else not react to light but to accommodation. We should remember that general paralysis is a disease of middle life,—that the majority of the cases occur between the ages of thirty-five and forty-five. The disease is one of progressive dementia, in which the character of the patient changes and the face loses its expression.

These are the forms in which maniacal excitement and exaltation occur, and show the necessity of the physician who first sees a case of excitement of making a guarded prognosis until the nature of the condition is determined.

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## **SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.**

SERVICE OF NATHANIEL W. EMERSON, M.D.,

*For Quarter ending March 31, 1900.*

Again is offered a complete report of the surgical service of the Massachusetts Homœopathic Hospital for the first quarter of the present year, and a few words of comment may not be out of place. The writer has now served for ten years as surgeon to the hospital, this report being of the ninth service but the tenth year, as a change in the time of service dropped out one year. During this period the variation in the character of the cases sent to the hospital is most remarkable, and as seen from our view-point is due to several discernible causes. There is, in general, a better diagnosis in obscure cases by the profession at large, together with an extended knowledge on the part of the operators of some conditions which only recently seem to be becoming properly understood. Also, the establishment of smaller



and suburban hospitals has developed many more operators in proportion to the whole profession than formerly, who operate much more extensively upon minor cases, which are thus less and less frequently sent to us; but the general diagnostic horizon is enlarged, with the result that a constantly increasing proportion of the graver cases are referred to our hospital. This is satisfactory to the hospital staff, and we do not regret the difficulties of the unusual cases, provided we can be called in council early enough; this does not mean to imply that we consider ourselves more incapable of mistakes than others, only that larger experience ought to bring greater versatility in unusual conditions. Mistakes have been made in the past — there are some recorded in the following report — and will be made in the future, but each one will strengthen the determination that no such error shall be repeated.

Cases which come for opinions only we do not value, since experience teaches us people seeking opinions only are already top-heavy with them, and should be looking for a solution; there is a wide difference between an opinion and a solution of the problem presented by each case. In every case properly belonging to the surgical service we endeavor to offer a solution.

The aseptic problem is still of greatest interest and importance, and its understanding has not been advanced by this year's service, and from the standpoint of asepsis we consider it a failure; a failure, however, of practice, not of principle. A considerable and satisfactory use has been made of rubber gloves, but in ways rather differing from those usually advocated; they have been employed to protect the hands from contamination during examinations of and operations on all forms of septic cases, the intent being to preserve the hands fit for aseptic cases, all of which are managed without gloves. I cannot operate wearing gloves with anything like the facility without them, and I find my tactile sense markedly diminished when using them. Rubber gloves alone are used, and personally I believe that cotton gloves have no place in surgery, either in principle or practice.

*Abdominal Cases.*

There were 108 abdominal operations, six of which died. The experience with appendicitis in its various forms still further confirms the belief that in a large series of cases the greatest safety lies in prompt interference. There were thirty-four operations with only one death, and that case did not die either because of the operation or because of the appendicitis; it was a case of typhoid fever brought to the hospital in the middle of the night with such acute abdominal symptoms referred to the appendix that it was deemed wiser to operate even though the case proved to be typhoid. The operation was accordingly done, and the appendix removed, although it was not badly diseased and was evidently only affected secondarily to the typhoid process; the small intestine was, however, violently inflamed in patches. The operation did not unfavorably affect the outcome to the disease. On the contrary, the removal of the appendix was beneficial to the course of the fever, since it gave relief from pain which was obviously appendicular, and which was unfavorably affecting the course of the typhoid. The operation lowered the temperature over two degrees, and it never went so high again. The patient rallied from the effects of the operation, but died on the sixth day after, under typical typhoid conditions. We therefore considered this case as one which was outside the usual reasoning concerning appendicitis, but we included it under the statistics of appendicitis in order to leave no ground for any possible criticism. Barring this case, there remained thirty-three cases operated upon, eight of which were in the midst of an acute attack, and six of which were suppurating cases requiring drainage. Several of the acute cases were extreme in type, and the operation anticipated by a few hours only the perforation of the appendix, and the establishment of septic conditions within the peritoneum. If the appendix is removed before perforation takes place, in many instances even after gangrene has begun, the disease is entirely arrested, and in forty-eight hours convalescence is established. With an increasing

experience, I am more and more convinced that the most successful management of appendicitis in all its stages includes as a first principle early surgical interference. Also, there were seven other cases in which the appendix was removed because accompanying or complicating other conditions.

There were four cases of gallstone, all of which were most interesting. In one only was the ideal operation performed, that is, the opening of the gall-bladder, removal of the stones, and primary closure both of the bladder and of the abdomen; this case made a most uneventful and satisfactory recovery. The others were more complicated, and are somewhat more fully detailed as follows:—

Mrs. M. F. J., age fifty-six. Has been troubled more or less for twenty-five years with attacks of colic, lasting from two to twenty-four hours. Pain goes through from front to back, and there is much backache as if the latter were broken. Jaundice during or after attacks, with clay-colored stools. Is at present jaundiced. Operation January 17.

The abdomen was opened through the rectus muscle and the gall-bladder presented, much distended. The latter was opened and nineteen gallstones, varying in size, removed. A rubber drainage tube was inserted and the abdomen closed. The operation caused no disturbance of pulse or temperature, and gave relief from all symptoms so long as the direct opening into the gall-bladder remained; when this closed the colic returned, and she was only relieved by re-opening the gall-bladder. A second operation was therefore undertaken on March 24, and a calculus was found imbedded in the common duct, completely occluding it. The stone could not be dislodged into the intestine or into the gall-bladder, so the duct was opened and the stone removed, after which the incision into the duct was closed for primary union. The gall-bladder was also closed. Drainage by a rubber tube and gauze was established from the site of the opening into the duct. Recovery was uneventful, highest temperature being 100°, pulse 96.

Mrs. M. J., age forty-one. Has had pain in the right



side over the liver for six years, which has been severe, lasting three to four hours, with nausea and vomiting, jaundice, and clay-colored stools after the colic. Has had two attacks last week. Examination showed enlarged outline of liver and apparently of gall-bladder.

Operation February 7. Upon opening the abdomen the gall-bladder was found surrounded by adhesions which were dense and confusing, the intestines being very intimately adherent to the gall-bladder. The latter was isolated, however, and two gallstones were found outside the gall-bladder, entirely encapsuled. The bladder was opened, and one stone found imbedded in the cystic duct; its removal was followed by a flow of fresh bile. Drainage was established into the bladder. The patient was in a very critical condition following the operation, and there was a profuse discharge of bile and pus, but the recovery was satisfactory. The wound in the abdomen closed, and bile found its way into the intestine.

Miss M. H., age thirty. First attack of colic was a year ago last October. Pain was in right side, dull, paroxysmal, and worse when walking. Last November a lump appeared in the right side, which was tender to manipulation, but not usually painful. This tumor was quite freely movable. Burning on urination, with frequent desire. The diagnosis was made by myself of a movable kidney, and lumbar fixation advised. Operation February 14, by Dr. Wesselhoeft. A lumbar incision was made, and on incising what was taken for the capsule of the kidney, a quantity of mucous fluid escaped. Further examination showed the kidney in normal position, and that the gall-bladder had been opened, from which five large stones were removed, the last one from the cystic duct. Much bile and mucus escaped. The distended gall-bladder had been mistaken for a movable kidney. The gall-bladder was sutured to the lumbar opening, and a drainage tube carried into it. An uneventful recovery followed, the highest temperature being  $100\frac{3}{5}^{\circ}$ , pulse 110.

Miss K. S., age twenty-nine. For years has had a pain over the gall-bladder through the right side to the lower

angle of the scapula. Pain also sometimes extended into the right lumbar and inguinal regions. Nausea and vomiting at times relieved the pain. When pain was over the gall-bladder she was unable to lie down. Pain usually came on in the night, and it was rare that she was free from it for a week; was once for four weeks without it, but frequently had attacks for many nights in succession. The abdomen bloated after the pain, and felt as if a constriction or a string were about the waist. Food did not distress, except when having the pain; was constipated. Was operated upon last September, when no stone was found, and relief has not been obtained; a second operation was therefore determined upon. A contracted gall-bladder was found, surrounded by dense adhesions which were separated, but no stone could be found either in the gall-bladder or in the common duct. The common duct seemed occluded by cicatricial tissue. An anastomosis was made between the gall-bladder and what was supposed to be the duodenum; the latter could not be surely determined because of the many adhesions. The opening into the gall-bladder remaining from the previous operation was closed. Drainage was established to the site of the anastomosis. The subsequent course was complicated, but recovery was finally satisfactory. The opening into the intestine maintained itself, and bile now passes in that way with sufficient freedom.

In cases of tubal or ovarian disease, where possible, the apparently healthy portion of the ovary has always been left behind; my own experience thus far is convincing that the best results are obtained by conserving some ovarian tissue, even if it is necessary to remove the tube of the same side. I am also much pleased—so far as a limited experience will allow of conclusions—with the results following ventro-suspension in selected cases, and ventro-fixation in cases of procidentia. Where both tubes and ovaries are removed, if possible to bring the uterus to the abdominal wall, it is now invariably suspended, with only good results so far as I am able to determine. In cases with procidentia, ventro-fixation has thus far proved a cure, and attention is called to the two following cases:—

Mrs. A. M., age forty-eight. Has had seven children, no miscarriages; menses were regular and lasted three days; during the last three or four weeks she has had almost constant flowing. The present trouble began ten years ago with bearing down and backache. The entire uterus was outside of the body, and did not return when lying down. The cervix was enormously hypertrophied. Ventro-fixation was undertaken January 10, and on February 24 plastic operations upon the vagina were performed.

Mrs. S. P., age fifty-eight. Has had seven children, the youngest now nineteen years old; menopause eight years ago; there is much headache and backache, with pelvic pains and constipation; also a coffee-colored discharge; the uterus is entirely outside the body, the fundus lying in a pouch of the rectocele. Ventro-fixation performed January 17, and plastic operations upon the vagina March 10.

In each of these cases the uterus lay entirely outside of the vagina, and had been down so long that there was enormous hypertrophy of the cervix. It could be returned into the pelvis, but could not be retained there. The exposed cervix was eroded because of chafing, and the uterine body was ridiculously small compared with the size of the cervix. Both cases were operated in two sittings. The first operation opened the abdomen above the pubes, and brought the fundus up between the recti muscles, and there securely fixed it, the peritoneum anterior to the uterus being sutured to the peritoneum over the bladder. This carried the cervix well up into the pelvis, and restored the vagina, which in each case was so capacious that the whole fist could easily be introduced.

After recovery from this operation, plastic operations were undertaken upon the vagina and perineum. In the first case the cervix was so nearly reduced to normal size that it was not further disturbed, but anterior and posterior colporrhaphy and perineorrhaphy were performed. In the second case, at the time of the second operation the size of the cervix was greatly reduced, but by reason of an old laceration, an amputation of the cervix was made, followed by anterior



and posterior colporrhaphy and perineorrhaphy. In each case the result was entirely satisfactory.

One case of umbilical hernia is worthy of record in some details, although the case proved fatal :—

Mrs. A. M., age fifty-two. Mother of seven children ; menses stopped a year ago ; hernia began twenty years ago, but has very rapidly increased during last four or five years until she has become completely incapacitated by it. The accompanying photographs explain her condition better than any words. Operation January 27. The abdomen was opened at the lower portion of the hernia and the sack was found filled with omentum and intestines which were densely adherent to the same, and rendered reduction impossible. These latter were all broken up and a large mass of omentum removed, together with the distended skin. The opening in the abdominal wall proper was closed with buried silver wire sutures, after returning the intestines to the abdominal cavity.

The operation was borne remarkably well, and there was almost no nausea following it. The first night after the operation was favorable, the temperature being 99° and the pulse 100. She urinated satisfactorily at 2 A.M. In the forenoon, however, the breathing became rapidly oppressed, until at 11 A.M. cyanosis was marked, and she died at 2.20 P.M., with a rapidly developed œdema of the lungs.

#### *A Case of Retention Cyst of the Kidney.*

Miss L. G. G., age twenty-three. A year ago first noticed a tumor in the right side, below the border of the ribs ; later this tumor disappeared. Three months ago it reappeared and since then has grown quite rapidly. It showed as a tumor with a rounded, smooth outline in the region of the gall-bladder, slightly movable laterally, distinctly fluctuating ; and although there had been no jaundice or colic, it was thought to be a gall-bladder cyst. Upon opening the abdomen, however, it was found to lie behind the peritoneum, and, upon exposure, proved to be a large cyst of the right kidney, which was opened, and evacuated, and drained through a lumbar incision. The first opening into the abdominal cavity was closed. The patient made a satisfactory recovery.







## INFANT FEEDING IN HEALTH AND DISEASE.

BY FRANK A. HODGDON, M.D., MALDEN.

(Continued from page 337.)

Another method of home modification of milk, by Dr. J. L. Morse, is in the *Journal of Gynecology and Pediatrics*. It may be more accurate and is more intricate.

If we wish to increase the proteids and not the fat, use the upper half of the milk instead of the upper one fourth. If the percentage of fat, sugar, and proteids must be kept low in some intestinal disorders, the nutritive value of the mixture can be increased by the white of one or two fresh eggs.

The amount of proteid in proportion to the fat can also be used by mixing the lower one fourth of the milk, but we are unable to obtain a low proteid with a high amount of fat except by using the 16 per cent cream and then there is 4 per cent fat and at least 1.60 of proteid, that is, a one to three dilution. As a matter of fact, an excess of 4 per cent fat is scarcely ever desirable.

Weekly weighing of the baby is important. In a general way, if the increase in weight is too little or absent, increase a little all the proportions of the food if the baby is otherwise healthy; if colicky, increase the proteids. If sour masses of food are spit up, diminish the fat, and less often the proteids; if constipation is obstinate, increase the fat and if not better increase the proteids; if diarrhœa and the stools contain undigested curds, reduce to a low percentage all the constituents, especially the proteids, and add fresh egg albumen. Avoid overfeeding, as shown by frequent vomiting soon after feeding.

Obtain milk as fresh as possible from the cow. Modify it, ice it thoroughly from the beginning, but do not heat it, that is, sterilize or pasteurize it, except in very hot weather or unless the milk cannot be obtained in a fresh condition.

### DISCUSSION.

DR. PERKINS. In regard to the paper read I will simply say that I have enjoyed listening to it very much.

Every physician who has been in practice for any length of time has found this question of infant feeding one of the most obstinate and difficult questions with which he has to deal. If there is anything obstinate in this world it is babies whose parents are trying to feed them artificially. We all know that babies who have been unable to nurse have broken every good rule. I remember two babies in my own early experience. I tried everything I could get to feed those babies, but they did not seem to thrive on anything but plain bread and milk. These babies did well on starch food, not doing well at all on milk food.

DR. SPAULDING. On the sterilized milk question I have been on the unpopular side. I have even been called an old pettifogger because I did not "catch on" to the new and different things that have been going on in the world. However, the flail of practical experience is swinging and swinging, and finally will thresh out some good grains of wheat. I did try sterilized milk when it first came out, but it did not take me long to find out that it was not the kind of food I wanted my babies to be fed on. I was unwise enough to speak out in a meeting about it once and some of my people thought I was a little wild, but I feel that it is not the food for many babies.

I have been very much pleased to hear these papers to-night. I have been much interested in reading the circulars regarding the modified milk of Boston, and interested to see how they sterilize the milk. At first it was 220 degrees that the milk was to be boiled before giving to babies. Then it was thought best to boil it to 264 degrees. The one fourth lime water has been dropped out. Many of our best physicians have come to the conclusion that what we want is pure milk, and that it is not necessary to ever go beyond 165 degrees to sterilize it properly, and many of them feel that it is only through the hottest weeks of summer that we should sterilize it to 165 degrees. The rest of the year pure cow's milk carefully modified is the best food for children. It seems that sterilized milk is getting to be a thing of the past. It has been demonstrated by practical experience, not only in

hospitals, but by chemists who have examined the feces of children who have been fed on sterilized milk, that it is not a proper food for children. The sugar is destroyed ; that of course can be replaced. The fat globules are in emulsion, but long boiling produces changes in the milk which makes it less readily acted upon by the digestive organs, and certain elements are found in the digestive tract of the child, having done the child no good.

Now, there are other objections to the sterilizing of milk. Milk that has been boiled is devitalized. Hence it is that we get some of our cases of rheumatism purpura. There are other names, but it is nothing more or less than scurvy. As to the germicidal properties, fresh drawn milk has been proved to destroy germs in one hour. Fresh drawn milk will destroy the germs of typhoid in 24 hours. Of course, if the milk has been standing for any length of time, the typhoid fever germs will live. So if we get fresh milk for the children, we need not sterilize it. Our mothers and grandmothers simply sterilized their milk by boiling. The new methods do it a great deal better. But our mothers and grandmothers knew that after the sickness was over, it was better to go back to the fresh milk.

Now, I have never seen a healthy child brought up on condensed milk, but I have used it as a temporary expedient and found it act well.

This last summer I was called to see a child that showed all the pitiable symptoms of malnutrition, with which you are all familiar. The child was pale and sickly looking and emaciated, and under the eyelids were little purple spots. The child was naturally a healthy, vivacious child, but now, when a smile could be forced from her, it was a poor, wretched, ghastly smile. It was a pitiful object. She was taking what was supposed to be sterilized milk. Some of the bottles would not have any cream whatever. Still, it was put up by rule, by prescription. The child was starving on that modified milk of Boston. Change in the diet, giving child beef juice, a little orange juice, and a modified milk of cream and water, with a good deal of careful watching, brought the



child\* out all right, and now it is healthy once more. These parents will never use sterilized milk again. That case is quite a fair sample of experience I have had with sterilized milk.

As to cholera infantum, I don't know as I would question the advisability of washing out the stomach or the rectum with a little sterile water; but what was it—a gallon of soapsuds? I don't believe that is called for, and I believe we have some real good homœopathic remedies that will strike right home and cure a large majority of these cases. Of course the diet must be regulated very carefully, but I don't believe that we want to douche these cases with a large amount of water. I once had a case of dysentery that troubled me a great deal. I thought I would try the old-school physician's method, douches, etc., and my patient did just what he should have done, he discharged me. He wanted and expected to get homœopathic treatment.

DR. POWERS. Mr. Chairman, I wish the Doctor had said something that I could not agree with. Most of what has been said this evening corresponds to my own belief, but I do believe there is one point which has not been emphasized sufficiently in the papers, and that is of individualizing your case before giving any formula. You cannot give the same formula to all babies and have them do well on it. Still, I imagine several babies have had sterilized milk and have not had any trouble. They did not come to Dr. Spaulding because they did not need his care. We are so apt to judge simply from the babies we see.

In regard to the fresh milk, I believe that is the best if we can give it, but here in the city many of the people, the poorer classes, at least, cannot get it. I believe that the pasteurized method is of great benefit. I think the experience of the internes at the dispensary for the past half dozen years will prove that pasteurized milk has, in a great many instances, been of great use in the feeding of the poor children of the district. Now here are two or three children that were brought up entirely on Mellin's Food. One did beautifully, the other was as different as white from

black. So, I believe, we cannot give any one food to all children, but must carefully individualize each case. Before the idea of pasteurizing milk was brought to the attention of scientific men, the farmers' wives and housewives in the city had the idea. They not only were very careful about getting it fresh, but they very frequently did pasteurize it and let it stand until there was a little scum rested on the top. They did not allow it to come to a boil, but they let it get hot enough to make it sterile. Those tables will do very well at certain temperatures, but if you have had any experience in raising temperature you are aware that it is not always easy to do it. So there is another factor that comes in.

As I said before, we must individualize. Children not doing well on one food must have something else. My own boy, from the time he was nine months until something over two years old, was practically fed on pasteurized milk with gradual increase of cereals.

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[The following from Dr. Guernsey shows the foolishness of publishing in college announcements statements which are in the least liable to be misconstrued. — Ed.]

### A STATEMENT FROM THE HOMCEOPATHIC MEMBERS OF THE BOARD OF MEDICAL EXAMINERS OF PENNSYLVANIA, TO THE HOMCEOPATHIC MEDICAL PROFESSION.

The announcement of the Southwestern Homœopathic Medical College, Louisville, Ky., for 1900-1901 contains on page 10 the following sentence: "As an evidence of the thorough work done in our college, referring to State Board examinations, we are proud of the fact that one of our graduates, in a State Board examination in Pennsylvania last year, passed with the highest average, in a class of one hundred and sixteen applicants, nearly one half of whom were rejected."

The above statement is so utterly at variance with the truth that the Board of Medical Examiners representing the Homœopathic Medical Society of Pennsylvania, who con-

ducted said examination, feels it a duty to state the exact facts of the case *in as public a manner as the announcement has been made.*

The examination referred to was held in December, 1898. Instead of "one hundred and sixteen applicants," there were only twenty-one applicants! Instead of "nearly one half the number being rejected," there were only two rejected, both of whom had failed before at previous examinations. (One applicant withdrew on the first day; but he appeared at a subsequent examination and passed with credit.)

The graduate of the Southwestern Homœopathic Medical College who "passed with the highest average" received only 93.57, — a by no means unusually high mark when compared with the averages obtained by graduates from other homœopathic medical colleges. In confirmation of this, a list is herewith presented of the highest averages attained since June, 1894, when the law of State medical examination in Pennsylvania went into effect : —

Examination Held.	Highest Average.	College of Graduation.
December, 1895	99.70	Hahnemann College, Philadelphia.
June, 1896	98.71	" " "
June, 1895	98.60	" " "
June, 1897	97.28	Southern Homœopathic Medical College.
February, 1895	96.80	Hahnemann College, Philadelphia.
December, 1896	96.57	Cleveland Medical College.
December, 1899	96.00	Hahnemann College, Philadelphia.
June, 1898	95.43	" " "
December, 1898	93.57	Southwestern Homœopathic Medical College.
{ June, 1894 }	{ 92.80 }	Hahnemann College, Philadelphia.
{ June, 1894 }	{ 92.80 }	" " "
October, 1894	91.40	" " "
June, 1899	91.28	" " "
December, 1897	87.00	Hering, Chicago.

At a special meeting of the Homœopathic Medical Examining Board of Pennsylvania, held in Philadelphia, June 28, 1900, it was unanimously voted that, in order to correct all possible misapprehension on the part of the medical profession, and in the interest of justice to all colleges, as well as for the maintenance of the honor and credit of the medical profession, a copy of the above statement be sent immedi-



ately to the Southwestern Homœopathic Medical College and to every homœopathic medical journal in the United States.

This Board cannot allow the imputation that graduates from homœopathic medical colleges receive such poor educational training that fifty per cent are liable to be rejected in any State medical examination.

By order, and in behalf of the Board of Medical Examiners representing the Homœopathic Medical Society of the State of Pennsylvania,

JOSEPH C. GUERNSEY, M.D.,  
*Secretary.*

1923 Chestnut Street,  
Philadelphia, Pa.

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The following may interest some of our readers : —

Editor NEW ENGLAND MEDICAL GAZETTE,  
BOSTON, MASS.

*Dear Sir,* — The Pan-American Exposition has seen fit to entrust the care of the Department of Ethnology and Archæology to a practising physician. I should be very glad if you would allow me to reach your readers with the following request for assistance.

Many members of the medical profession are interested in the study of American ethnology and archæology, and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the Exposition. Exhibits which represent study in some special line of American ethnology and archæology will be particularly suitable.

Very truly yours,

A. L. BENEDICT, M.D.,  
*Superintendent of Ethnology and Archæology.*

## SHOULD OUR MEDICAL SCHOOLS TEACH THE THERAPEUTICS OF ALCOHOLISM AND OTHER DRUG ADDICTIONS?

BY CHARLES J. DOUGLAS, M.D.,

Physician-in-Charge of the Walter Baker Sanitarium, 524 Warren Street, Boston, Mass.

Author of "Psycho-Therapeutics," "Alcoholism," "Apomorphine as a Hypnotic,"

"Historical Notes on the Sanitarium Treatment of Alcoholism," etc.

There are few chronic diseases more prevalent and more curable than alcoholism and other drug addictions.

The ultimate aim of all medical education is to teach the art and science of relieving suffering and prolonging life. Whether it be the dry memorizing of anatomy, or the subtle investigations of chemistry or bacteriology, or the more interesting study of therapeutics, the one aim and object is the prevention or cure of disease. It is a general and well-recognized rule that the diseases properly demanding the most attention of the students are, first, those that are most prevalent, and second, those that are most amenable to treatment. Both of these qualities belong in an eminent degree to alcoholism. Is it not time, then, that our medical schools began to teach this important subject in as thorough and systematic a manner as other subjects are taught? Is it not a crime of wilful negligence to do otherwise? I remember with mortification the first alcoholic case that I attempted to treat after graduation. I was an untrained mariner upon an unknown sea, without chart or compass. I had received an alleged medical education from two of our oldest and largest colleges, and knew nothing of value regarding the diagnosis, prognosis, and treatment of one of the most prevalent diseases in this country and throughout the world. The few things that I had learned about it were not true, and consequently had to be unlearned.

Medical colleges that will thoroughly train their students in the management and treatment of these trying cases will have an alumni standing head and shoulders above their fellow practitioners. Not only will their counsel be sought by other physicians, but families in which they have successfully managed such cases will look upon them as essential to their

safety and comfort ; thus will such physicians gain reputation both among the laity and the profession, and win the confidence and esteem of the community. Competent men of experience in this specialty should be engaged as teachers by every medical college. These teachers should be not mere theorists nor men who are simply learned in the technical pathology of these ailments, but rather men who have had as wide practical experience in this specialty as the oculist or gynecologist or aurist who attempts to teach his favorite branch.

Too much of theory regarding this subject, unsupported by practical experience, has already found its way into our text-books. We have good and trustworthy works on most subjects, while on this there is a lamentable deficiency. Rarely does a physician attempt to write a text-book article without thorough knowledge and wide experience regarding his subject ; but the articles on alcoholism and other drug addictions appear to have been composed on the theory that such knowledge and experience is quite unnecessary, for most of these articles are either archaic, untrustworthy, or visionary.

While alcoholism can seldom be permanently cured except in a sanitarium, yet patients can be greatly relieved and the attacks materially shortened by proper medical procedure. It is not necessary that physicians should make such a mess of these cases as they often do, or that households should be torn up from garret to cellar for a week in an effort to get one member of the family sober. Chains and forced confinement are no better methods of treating alcoholic insanity than any other form of mania. But it has required many centuries for the medical profession to outgrow the absurd manacling treatment for both these diseases. The day, however, of scientific medical treatment for all forms of drug addictions has now dawned, and it is to be hoped that our medical schools will no longer delay in giving the profession the very best that is known regarding the scientific management of these diseases.



## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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Our esteemed contemporary, the *Philadelphia Medical Journal*, under date of July 7, 1900, honors the profession with a notice of the recent meeting of the American Institute of Homœopathy in Washington. While we may consider any reference to our chief society's doings an honor from such a source, it does not necessarily follow that the reference is in itself altogether honorable; perhaps that is hardly to be expected. The article in question, after referring to the unveiling and dedication of the Hahnemann monument, comments on the program of the society, and especially of the bureau of materia medica, as the means by which "an idea of the present status of homœopathy could be formed." He very justly shows that but a very small part of the time of the Institute was devoted to "the backbone of homœopathy," and that most of that time was taken up with wrangling over the doses of *strophanthus* and *digitalis*, — "drugs not yet proven by the methods of Hahnemann," whence he concludes that "the tendency of the whole meeting went to show that the term "homœopathy" is but a trade designation, and does not include adherence to the principle implied."

When the author refers to *digitalis* as a "drug not yet proven by the methods of Hahnemann," he shows that lamentable ignorance which is in evidence in most articles pertaining to homœopathy which have emanated from "anti-pathic" sources.

*Digitalis* was proved by Hahnemann himself and published in the *Fragmenta de viribus*, and subsequently by Törg and eight pupils, whose results are published in the "Chronic Diseases." It was also subsequently proven by Bähr and

Lembke. Strophanthus, being a comparatively recent drug, may not have been proven according to the homœopathic principle. While it is a sad fact that the study of *materia medica* does not occupy the time and discussion in the meetings of our societies that the importance of the subject demands (a fact the importance of which we have insisted upon for a long time), the reasons therefor are many and valid; and because of this lack to say that the term "homœopathy" is a mere "shibboleth" to draw trade is a conclusion as false as it is beneath the dignity of a journal of the standing of our contemporary quoted. However the homœopathic *materia medica* may fall short of what its believers know it to be and of what they hope it may become, it is nevertheless as true and useful to-day as it always has been, and thousands of homœopathic physicians throughout the country are achieving the same sure and beneficent results from their *acon.*, *bell.*, *bry.*, *calc.*, and so on through the whole list of already well-proven and clinically well-established remedies, as they always have and always will. It is true there is not the marked discrepancy in the results obtained by the two schools of medicine, in favor of homœopathy, which was in evidence a quarter or half-century ago; but this is not because the adherents to the law of similars believe *any less* in their remedies, but because the "antipathic" votaries *know more* about drug action, and much, very much, of that knowledge has been absorbed from homœopathic sources.

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### DEATH OF DR. WILLIAM SOULE, OF JEWETT CITY, CONN.

Dr. William Soule died at his home on School Street, Jewett City, May 15, from injuries received by being thrown from his carriage. Dr. Soule was the oldest and one of the most successful physicians in the borough. He was born in Chaplin, this State, August 24, 1827, and was the son of Ivory and Marilla (Bingham) Soule, and a direct descendant of George Soule, who came to this country

in the historic *Mayflower*. In early life Dr. Soule taught school ; later on he studied medicine and graduated at Yale in January, 1851. His preparatory studies were pursued at Woodstock Academy, and under the private tutorship of Rev. Erastus Dickinson. He practised medicine at Pascoag, R. I., and Hampton, Conn., until October, 1854, when he removed to Jewett City, which had since been his home. The oldest physician in the place, he was for twenty-five years the senior in practice. He served as a member of the Board of Education in the town of Griswold for twelve years. He had been Justice of the Peace during twenty-five years, twenty of which he was the principal trial justice of the town. Upon the breaking out of the Civil War he was appointed assistant surgeon, with the rank of captain, in the First Connecticut Heavy Artillery. After one year he was promoted to the position of surgeon of the Twenty-first, and was with that regiment at the battle of Fredericksburg.

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## SOCIETIES.

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### MAINE HOMŒOPATHIC SOCIETY.

The thirty-fourth annual meeting of the Maine Homœopathic Association was held in Rockland, June 5, 1900, with President Holmes in the chair.

The following candidates were elected to membership : C. E. Britto, Rockland ; H. H. Plummer, Union ; J. F. Norwood, Rockport ; George Sharkley, Camden ; Sampson, Turner.

Each bureau was represented by interesting and valuable papers. Dr. Nathaniel W. Emerson, Associate Professor of Surgery in Boston University, read a practical paper on "Appendicitis." Other visitors who added to the interest of the session were Drs. M. Morey Pierson and J. H. Sherman, of Boston.

Resolutions were passed on the death of Milton S. Briry, M.D., late of Bath, the eminent and beloved veteran, who passed on to his reward during the past year.



Officers for the ensuing year were elected as follows : President, Byron D. Spencer, M.D., Bangor ; First Vice-President, Lincoln A. Stewart, M.D., West Brooksville ; Second Vice-President, W. V. Hanscom, M.D., Rockland ; Recording Secretary, Cora M. Johnson, M.D., Skowhegan ; Corresponding Secretary, W. J. Renwick, M.D., Auburn ; Treasurer, Will S. Thompson, M.D., Augusta. Board of Censors : Drs. E. S. Abbott, C. M. Foss, A. P. Heald, H. C. Bradford, and J. M. King.

Delegates to American Institute : J. M. Prilay, M.D., Bangor, and W. Scott Hill, M.D., Augusta.

Next meeting to be held in Waterville second Tuesday in June, 1901.

BYRON D. SPENCER.

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## NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The fiftieth anniversary of the New York State Homœopathic Medical Society will be celebrated by a jubilee meeting to be held in Brooklyn, October 3, 4, and 5, 1900. In addition to the usual work of the bureaux there will be special addresses on the relation of homœopathy to each of these branches of medicine. There will also be a series of addresses by eminent physicians who are ex-presidents of the American Institute of Homœopathy. The following subjects will be discussed : "Homœopathy Fifty Years Ago," by Dr. Conrad Wesselhoeft ; "Homœopathy in the Twentieth Century," by Dr. J. B. Gregg Custis ; "Is the Separate Existence of the Homœopathic School a Necessity," by Dr. J. H. McClelland ; "Homœopathy in the Public Service," by Dr. Benjamin F. Bailey ; "How to Promote the Cause of Homœopathy," by Dr. T. Y. Kinney ; "Homœopathic Societies," by Dr. Charles E. Walton ; "The New York State Homœopathic Society," by Dr. H. M. Paine. The program further provides for a banquet on the evening of the second day. The third day will be devoted to a series of medical and surgical clinics to be given at the various hospitals in

New York City. An invitation to attend is extended to our friends *everywhere*.

Fraternally,

ALTON G. WARNER,  
*Chairman of Jubilee Committee.*

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## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

### *Business Session.*

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, June 14, 1900, at eight o'clock, the President, F. W. Halsey, M.D., in the chair.

The records of the last meeting were read and approved.

J. P. Stedman, M.D., 55 Elm Street., Brockton, was proposed for membership in the society.

The following physicians were elected members: Julia M. Dutton, 250 Newbury Street, Boston; Emma F. Bridge, 111 Court Park Road, Winthrop, Mass.; Benjamin T. Loring, Lynn, Mass.; and Maud G. Furniss, 196 St. Botolph Street, Boston.

Dr. T. Morris Strong stated, in regard to the Hahnemann fund, that only \$7,000 was necessary to complete it, which was a hopeful sign of its successful accomplishment in the near future, and if those who had not done anything do their little the amount would be raised.

A circular letter from the American Institute regarding insurance examiners was read by the Secretary.

### REPORT OF THE SECTION OF DISEASES OF CHILDREN.

FLORELLA ESTES, M.D., Chairman;

H. L. SHEPHERD, M.D., Secretary;

A. G. PALMER, M.D., Treasurer.

The President appointed Drs. Strong, Sherman, and Gay a committee to nominate sectional officers for the ensuing year. The committee reported as follows: Chairman, H. L. Shepherd, M.D.; Secretary, Grace E. Cross, M.D.; Treasurer, Charles E. Montague, M. D., who were duly elected.

## PROGRAM.

1. Endocarditis. Dr. C. G. Mudge. Discussion opened by Drs. S. M. Perkins and N. M. Wood.

2. An Interesting Case. Dr. A. G. Howard. Discussion opened by Drs. J. P. Sutherland and E. P. Colby.

3. Valvular Heart Diseases of Childhood. Dr. C. C. Burpee. Discussion opened by Drs. P. G. Browne and S. H. Calderwood.

The chairman of the section, Florella Estes, M.D., not being present, the Secretary, H. L. Shepherd, M.D., presided.

1. Dr. Mudge was unable to be present, and her paper, entitled "Endocarditis," was read by Dr. Martha E. Mann.

Drs. Perkins and Wood were not present to discuss the paper.

Dr. F. P. Batchelder stated that he did not think he had ever had a case of endocarditis, though he had treated children.

Dr. James T. Sherman had had no experience with this disease.

2. Dr. J. P. Sutherland, in the absence of Dr. A. G. Howard, gave the following facts in regard to "An Interesting Case." This case he considered one of the most interesting he had seen in his entire experience. A little boy, four years of age, who had been up to the time of his illness a very rugged, healthy child, with an excellent color, was suddenly taken with convulsions, which lasted nearly half an hour. After that developed unconsciousness and paralysis. The following day, or the second day, he had a chill and quite a high fever. As there were no facilities at home for caring for him, his mother being ill with pneumonia and the father obliged to go to his work every day, the child was taken to the hospital. He was in a high fever when admitted, and within twenty-four hours had several convulsions, right arm and leg paralyzed, and had periods of unconsciousness. The convulsions were general and severe. After a while he began to cough, and an examination showed he was having trouble with the left lung, and in less than forty-eight hours a typical case of



pneumonia had developed, with high temperature. With the pneumonia had developed the typical symptoms of meningitis, — that peculiar cry which is so distressing to hear, and pressure on the back of his neck would almost throw him into convulsions. Before coming to the hospital, while under his father's care, a hot-water bottle was put to his feet and he was burned quite severely on the right leg and heel. Within twenty-four hours after coming to the hospital a spot developed which became gangrenous. Dr. Howard thought he must have had a hemorrhage. When I saw him, I thought it was cerebro-spinal meningitis. At this time he had had several hemorrhages, meningitis was well developed, pneumonia in left lung, and gangrene. For a week or two we were very much interested in the case, and it seemed almost impossible for him to recover. He recovered as far as pneumonia was concerned, foot got well, and he gradually recovered the use of his arm and leg. He was able to get on his knee in four or five weeks, but was a long time in getting the use of the right arm. His intelligence returned very slowly. He must have been a bright boy. It was a long time before he was able to speak, and in the meantime there was much of that drooling which indicates imbecility. He seemed to have ideas and to make an effort to express them, but got along very slowly in this respect. He became very arbitrary and dictatorial. He has had special care under the supervision of a special teacher to develop his mental powers, but I am not quite sure what progress has been made; when I last saw him he evidently had ideas and was able to express himself.

Dr. Colby: Dr. Sutherland has told you it was a case of remarkable interest. The number of diseases this child had is unusual and somewhat peculiar. Now to begin with, consider the history of this child. About a year before he was taken with this sickness he had a slight cold followed by a convulsion which lasted twenty-five minutes. That of itself would indicate an unstable nervous system easily affected by causes which result so seriously. Again, when he was taken sick, the trouble was ushered in by a convulsion, and that

convulsion, when it terminated, left him, as near as we could judge, paralyzed. A convulsion followed by unconsciousness and paralysis means hemiplegia or embolism. In the adult it is more likely to mean embolism. In the child, hemiplegia from irritation elsewhere, either from the base or cortex. In this case the convulsion was followed by slight motion, when he came to the hospital; with that exception it was complete hemiplegia. The sensory nerves were paralyzed; because the child allowed himself to be burned without making any outcry, that would indicate the child was insensible in that part. The motor nerves were also paralyzed. What could have caused this other than irritation at the base of the brain? There is one form of meningitis which might possibly result in this way, if it were sufficiently extensive, and that is pachymeningitis interna acuta with hemorrhage. It is very rare to have one large hemorrhage which spreads over such a surface of the brain as this did. The folds become softened and give way one after another. The probability is that the first lesion was a hemorrhage at the base, causing the usual hemiplegia. Just consider what an immense clot on the surface of a child's brain to cause three diseases! There was, probably, a hemorrhage from the base, then there came an attack of meningitis. Now this was not an attack of meningitis, or the child would not have been alive now. It was more likely a hemorrhage at the base. I think the hemiplegia is wholly accounted for with the hemorrhage at the base, but it ought not to produce any such symptoms as followed. When in the hospital the patient manifested peculiar ideas, was domineering and ugly; before you would know what he was doing he would have your watch out; would grab anything, smash it on the floor, and laugh in high glee. This indicated an obliteration of a large percentage of the motor cells, as well as sensory nerves; in other words, it was the ordinary condition that you get in feeble-minded children, the result of internal meningitis very early in life. The outlook for this child is, of course, not particularly favorable. This case will add one to those peculiar cases of feeble-minded children who become private or public wards. If it is possible to

wake up a few cells which have not been destroyed, a child may gain speech.

3. Dr. Burpee, in his paper on "Valvular Heart Diseases of Childhood," stated that these diseases were largely caused by the methods used to destroy foetal life, a course pursued by ninety-nine out of a hundred women. The latter part of his statement aroused several protests.

Dr. Mann: I cannot understand what women he has met. I have never met ninety-nine out of a hundred women who have taken such methods, and none who have taken serious means.

Dr. J. H. Sherman: I want to utter my protest. In my extensive practice there has been no such percentage, and I have taken pains to find out what the mothers are up to. It is far beyond anything that I supposed existed, and I should cut it down certainly seventy-five per cent.

Dr. Amsden: I would like to ask Dr. Burpee what is the prognosis of these cases? I am asked by parents, "How is my child coming out?" "What is the prognosis regarding the future?" "What kind of a child am I going to have?" What has been the outcome of these cases of endocarditis?

Dr. Powers: My experience is brief. I have had very few cases. I would question the existence of endocarditis in any such proportions as Dr. Burpee has mentioned. A recent experience with endocarditis I will report briefly. A boy four years of age was taken ill early in the winter with post-nasal catarrh and symptoms like grippe. The child seemed to recover, and I was not called until some days after, when the parents thought the child was not making a good recovery. The nasal discharge was of a green color. I prescribed for him, and they were to notify me of any change. Three days after the temperature was  $103^{\circ}$  or  $104^{\circ}$ , marked pain over the whole abdomen, the pain being so severe that for twenty-four or thirty-six hours he had no relief. There was considerable tenderness, but no vomiting. Palpation of the abdomen was not possible because of the pain. After two or three days the pain was localized in the stomach. Examination of the heart showed marked endocarditis, which proved to be malig-



nant. I supposed at the time the infection from the post-nasal discharge was the only known cause of bringing on this attack. Temperature did not increase heart action. The child died in twenty-six or thirty-four hours. It impresses me, as Dr. Burpee has mentioned, that heart disease is more common in children than is usually supposed. Hygienic care and nutritive food are of importance in these cases.

Dr. Sherman: I had supposed that endocarditis was the result of an attack of rheumatism. I have met with it in cases of diphtheria. I have hardly seen one that was not the result of rheumatism, and it is not usual in my experience for children to have rheumatism. Many cases that recovered had damaged hearts; I will not say all.

Dr. Shepherd: I remember a case of endocarditis three years ago, which has practically recovered; the murmur was very slight; has had no trouble from it, and apparently is well developed now. Speaking of the recurrence of this disease in children without knowing it, I recall the case of a child seven years of age, where there was no history of any previous attack of rheumatism. The question in my mind is whether in twenty-four or thirty-six hours you could or would get the murmur of endocarditis.

Dr. Powers: I recall two cases which are, possibly, more favorable than those I have reported. Two or three years ago I had a very serious case of endocarditis; the child was expected to die, and Dr. Clapp gave a very serious prognosis. It is now in good health, and, I think, runs about. The other case was that of a boy, a patient of Dr. Woodvine, who had endocarditis along with rheumatism and anæmia. On account of his anæmic condition, I made a prognosis. I saw him every little while, and I am glad to note, as he grows older, a good color, walks as if he were judge of the town, and doing the work of a young man in a laboratory. So under quite unfavorable circumstances nature will assert itself. One peculiarity of these last two cases was the good parentage of both children.

Adjourned at 9.15.

EDWARD E. ALLEN,  
*Secretary.*

## ITEMS OF INTEREST.

FORCING THE HEART TO BEAT. — The method of resuscitating drowned persons or others whose hearts have ceased to beat by rhythmic traction of the tongue is well known, and a method of accomplishing it by mechanical means was recently illustrated in these pages. A still more violent mechanical method is described by M. Battelli before the Paris Academy of Sciences. He has resuscitated dogs by opening the thorax and manipulating the heart by actual handling so as to cause it to beat. M. Battelli concludes that it is possible to apply the same method to man. The opening in the chest can be closed again and will heal, as in any surgical operation. After M. Battelli had described his experiments, Messrs. Tuffier and Hallion reminded the academy that they had performed this same operation as long ago as October and November, 1898. Says the *Revue Scientifique* (June 9): —

“They succeeded in recalling to life by compression of the heart, after opening the thorax, two dogs that had been in a state of syncope from chloroformization for several minutes. . . . Sometimes cadenced compression of the heart does not restore natural movement till after a long time (twenty minutes in one of their experiments). The application of these results to man has been attempted by Messrs. Tuffier and Hallion with partial success, but the restoration to life was of short duration, for the subject succumbed shortly afterward to a blood clot in the left branch of the pulmonary artery.” — *Translation made for the “Literary Digest.”*

RARE HOMŒOPATHIC REMEDIES. — A valuable supplement to any of the greater materia medicas (and Cowperthwaite’s in particular) is to be found in the “Text-book of Materia Medica and Therapeutics of Rare Homœopathic Remedies,” by Oscar Hansen, M.D. The following explanation, made by the author in the preface, explains the scope of

the work : " The remedies that were not found in the text-book of Cowperthwaite I brought together to form a text-book of materia medica and therapeutics of the rare homœopathic medicines. A physician by means of the text-book of Cowperthwaite and with the help of the present supplement will now have the whole homœopathic materia medica at his disposal." The book may be obtained of Otis Clapp & Son on receipt of price, \$1.50.

We append a few extracts giving the therapeutics and characteristic symptoms of a few of the remedies mentioned in the book :—

"ALUMEN. — *Characteristic Symptoms* : Burning pain down the œsophagus. Yellow diarrhœa like an infant's ; afterwards constipation. Blood with stool. Urging to urinate. Frequent micturition. Pressure in fauces as from a plug, with dryness and feeling of a splinter or an ulcer. Tickling in larynx from talking, causing cough. Dry cough in evening after lying down. (*Nux Vom.*) Cramp-like drawing in planta of right foot.

"*Therapeutics* : Lead colic and constipation. Pharyngitis sicca. Hemorrhages from the bowels in febris typhoida, when there is discharge of great blood clots."

"CUPRUM ARSENICOSUM. — *Therapeutics* : Violent enteralgia or neuralgia abdominalis, with considerable uneasiness. Cholera nostras. Cholera asiatica. Chorea. Epilepsy. Paralysis on the left side. Diarrhœa in phthisis pulmonaria, when other remedies fail to ameliorate."

"ZINCUM VALERIANICUM. — *Therapeutics* : Recommended in stenocardia. Good remedy in hysteria, when the patients cannot sit still, or when they must keep the legs in constant motion. This symptom is often present in old cases of uterine disease. Chronic ovarialgia ; the pain shoots down the limb of the affected side, even to the foot. Epilepsia without aura."

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DR. W. J. GRAVES, class of 1899, Boston University School of Medicine, has an office at the Peabody, Ashmont, Mass.



REVIEWS AND NOTICES OF BOOKS.

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SKIN DISEASES : Their description, etiology, diagnosis, and treatment according to the law of similars. By M. E. Douglass, M.D., Baltimore, Md. Lecture on dermatology in the Southern Homœopathic Medical College : Boericke & Tafel.

The profession is to be congratulated on having a book on this important subject by one of our own school. The work is in the main well written ; a short but sufficiently practical description of the various ailments of the skin, with a brief account of modern thought on etiology, diagnosis, etc., being given. The treatment, both external and internal, has been evidently written with great care and is to be especially commended, the indications for each drug being given in most cases. If the author has erred at all, it seems to us it is in the wealth of remedies which he suggests in certain diseases ; thus : he gives indications for twenty-five different remedies in psoriasis ; as in an experience of some years exclusively devoted to this specialty we have never been *certain* of any results from internal medication in this disease, and have only *suspected* results from three or four drugs (the best of which, arseniate of strychnia, the author does not mention), we feel that both the general practitioner and the student may be misled by the recommendation of so many remedies.

On the whole the work is to be commended, and will be of great value to the physician in the management of this most trying class of diseases.

THE POPULAR SCIENCE MONTHLY, which was established in 1872 by the Appletons and which has at present the largest circulation of any scientific journal in the world, is now being edited by Prof. James McKeen Cattell, of Columbia University, and published by McClure, Phillips & Co. Professor Cattell is well known as a psychologist and as the editor of *Science*.

The July number contains, among other articles, a paper by Simon Newcomb, the astronomer, entitled " Chapters on the Stars " ; a new paper by Dr. Haffkine, the discoverer of the preventive against the plague, on " Preventive Inoculation " ; an article on the recent

solar eclipse by Sears P. Langley of the Smithsonian Institution ; and articles on "New Sources of Roentgen Rays," on the "Massachusetts Institute of Technology," "Malaria and the Malarial Parasite," by Dr. Patrick Manson, and on "Washington as Explorer and Surveyor." This contents gives promise that the magazine will be well cared for by its new management.

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### PERSONAL AND NEWS ITEMS.

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DR. HOWARD A. STREETER, class of 1898, Boston University School of Medicine, has located at Clinton, Mass.

DR. THOMAS M. DILLINGHAM, class of 1874, Boston University School of Medicine, has removed to No. 8 49th Street, New York City.

DR. F. W. COLBURN, class of 1897, Boston University School of Medicine, has opened an office at No. 35 Newbury Street, Boston, after a year of study in Europe on diseases of the ear.

A GRADUATE of the class of 1899, Boston University School of Medicine, wishes a position as substitute or physician's assistant at a salary. Address "J. E. M.," care of Otis Clapp & Son, 10 Park Square, Boston.

WANTED TO PURCHASE. — A practice within easy reach of Boston. A considerable town or small city preferred — not a country practice. Address "D. B. X.," care of Otis Clapp & Son, 10 Park Square, Boston, Mass.

DR. DE LANCEY H. BARCLAY died late Monday night at the Miller Sanitarium, 1734 St. Paul Street. He had been in bad health for the last three years. He continued his practice until June 21. On the twenty-third he was operated on for kidney trouble. Dr. Barclay was born June 19, 1854, in this city. He was the son of Walter Channing and Grace

Douglass Barclay. Dr. Barclay was educated in the North, and graduated from the New York Homœopathic Medical College in 1876. Since that time he had been practising in this city. Dr. Barclay enjoyed a very large practice. He was one of the best homœopathic physicians in this city. Dr. Barclay was known in social as well as medical circles. At one time he was an oarsman of local reputation. He was formerly a commodore in the Ariel Boat Club. He was a member of the Maryland Homœopathic and the Maryland Historical Societies. Deceased is survived by a widow and two daughters, — Misses Grace Douglass and Louise Barclay. — *Baltimore American.*

THE Fourteenth Annual Class for instruction in Orificial Surgery will be held in the amphitheatre of the Chicago Homœopathic College during the week beginning September 17, 1900. The class will have a four hours' daily session throughout the week. On Wednesday and Thursday of the same week in Chicago will be held the annual meeting of the American Association of Orificial Surgeons. Those desiring particulars concerning the class can obtain them by addressing Dr. E. H. Pratt, 100 State Street, Suite 1203, Chicago, Ill.



# THE NEW ENGLAND MEDICAL GAZETTE

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## COMMUNICATIONS.

### WHAT PHYSICIANS SHOULD KNOW ABOUT HYPNO- SUGGESTIONS.

BY HENRIK G. PETERSEN, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

*President and Colleagues:* — What to-day is offered you is a brief summarizing of principles and established facts in that branch of medical science which has been termed hypnosuggestion or applied psychology.

It would be inappropriate to apologize for so doing. The subject itself is an important one; it has emerged from the doubtful and prejudicial stage; it is experimental psychology in a higher degree, in closer touch with man and his surroundings; it is individual instead of mechanical, — it is clinical psychology. For these reasons, and because your position as advanced physicians requires that you should investigate and not theorize before you judge, the subject claims more than your superficial attention and knowledge. Your practical interest will quicken whatever disinclination or apathy there may exist, and idiosyncrasies will yield to experience.

My personal title to present this topic rests upon two years' clinical instruction under Professor Bernheim at Nancy, and Professor Krafft-Ebing at Vienna, including comparative psychological study with Professor Charcot at the Salpêtrière, and with Professor Forel at Zürich. For about ten years

their teachings have been embodied in my medical practice in Boston.

Presuming a familiarity with the general history and evolution of suggestive therapeutics up to the present time, it suffices to invite your attention to some of the principal motor points.

Suggestion, we define as the mental process whereby an idea is introduced into the brain and results in act after the impression has been accepted. It is a physiological brain process.

Favorable conditions are the waking state, the ordinary and the artificial sleep, according to the individual's susceptibility. The competent physician selects the state most suitable for effective suggestion.

Hypnosis is induced to deepen suggestion or to prevent auto-suggestions which defeat the realization of suggested ideas or acts. Its various degrees constitute a psychological dosage, calculated to overcome voluntary or unconscious mental resistance. The passive state then promotes the cerebral automatism and enhances the conception of the projected image or suggestion. It may be called an exalted state, but only in the sense of concentration which excludes irrelevant ideation. We thus establish inhibitory centres and control cerebral activity of certain motor and sensory spheres. Through such control, we effect changes from abnormal to normal mental and physical life.

The hypnotic state is not analogous with cerebral neurosis. The result is a healthy physiological, and not a morbid pathological condition.

Suggestibility is proportioned to individual intelligence ; a positive, hypercritical mind resists.

There does not exist any means whereby a person's susceptibility can be accurately foretold, previous to hypnosis.

The one who is susceptible does not always prove suggestible, while the contrary is often the case.

The hypno-suggestive method ought always to be employed where a disease does not yield to other therapeutic efforts.

Its physical sphere of action cannot, as yet, be sharply de-

fined, but seems indicated principally in functional diseases of the nervous system, and frequently causes a complete disappearance of morbid symptoms, terminated by a radical cure ; favorable results also where local lesions are produced by nutritive or circulatory deficiency. This has a diagnostic value, enabling us to determine whether the cause is due to nervous reflex, or to an apparent material injury. It is ineffective wherever there exists complete organic decay, as it never creates ; but it can serve to circumscribe the area of anatomical death and save adjacent parts by infusing nutritive stimulation.

Its psychic field is large. Besides mental disturbances of varied intensity, certain forms of insanity may be benefited and cured, especially acute primary melancholia and intermittent mania, and where there are no strongly grafted hallucinatory complications. Idiocy is no longer considered incurable *a priori*, and has been ameliorated.

It has entered the educational and reformatory work, and as a moral vaccination, its lymph has been effective and less expensive than the costly system of ever-increasing penitentiary institutions.

What is, then, required of the physician, that he may practically be able to make use of this agent ?

He ought to know its technical conditions, and possess exact clinical knowledge of hypnotic phenomena. The method being largely a psychic one, his education should extend to a comprehensive study of psychology, so that he may early appreciate and discriminate between psychic states and their subtle manifestations in mind and body. He needs no other especial equipment, although his individual qualities as a man have much to do with success and failure. He should remember that there is no possible routine application of psychology. An intelligent mind, earnest self-confidence, the confidence of his patient, gentle firmness, resourcefulness and perseverance will make the task easy and the results beneficial. He becomes no "hypnotist" because he adds this efficiency to his medical knowledge. This term, and that of hypnotism as well, are erroneous and misleading ; as hypnosis



is but a part of the psychic process, a state only, of which suggestion is the dominant factor. A skilful surgeon might just as well allow himself to be called an etherizer or chloroformer.

In regard to danger, there does not exist any hypnomania. Accumulative medical experience in every part of the world contradicts positively any injurious result from hypno-suggestion, properly administered. It has no more detrimental effect upon mental equilibrium than ordinary sleep, with its ever-recurring dream hallucinations and illusions, during more than one-fourth of our mortal existence.

It is erroneous to believe that there is control of the will. A person can be made to do a thing, but no one can make him will to do it. It is equally false that a person once hypnotized henceforth becomes subservient to another's will. Experiment, merely for scientific purposes, is an abuse and should not be permitted.

The physician should suggest, for the protection of his patient, that only by giving his free consent can he ever become susceptible and suggestible, and then only for well-directed therapeutic purposes. As a protection to himself, the physician should insist upon the presence of a witness.

You, as homœopathic physicians, have had the moral courage to hold forth to the world medical tenets which were opposed to traditional routine. You have had your bitter struggles, and you are now reaping esteem and recognition in regard to principles which you believed to be true ones.

So have those men struggled who saw truth and intrinsic merit in hypno-suggestive methods, and therefore saved them from the ignorant abuse of charlatanism, until to-day their scientific teachings are honored with chairs of prominence in the older universities abroad, and by the increasing application thereof in the practice of reputable physicians in all countries.

I recommend the subject to your serious consideration.

## THE THERAPEUTICS OF IRON.

BY ELMER H. COPELAND, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

At the time of my graduation from medical college, I was thoroughly grounded in the belief that it was as good as heresy, if not murder, to use iron in any appreciable material dose. In my imagination iron had been forged into a dagger which, when used, would stab to the heart homœopathy herself and incidentally kill the patient. The argument used was something as follows: "The allopaths use it. *Ergo*, leave it alone. A patient coming to you from allopathic practice has probably been dosed with *IRON*—every letter a capital. Give her *pulsatilla* 6th and you will cure your patient in half the time that your allopathic brother (?) has taken to send her to you with his massive doses of *IRON*." And I believed it all—and more; that if the first dose did not cure it was because the system of the patient was so saturated with allopathic dosing that it needed a few doses of *nux.* to clear up the case, when you could return to *pulsatilla* again, or perhaps some other remedy better indicated, as *ars.* 3d; or, if the case had been one of long standing and you could elicit any history of a suppressed eruption, a few doses of sulphur high would clear up the case beautifully. I have no inclination to poke fun at my Alma Mater or at the able professors who then filled the chairs of *Materia Medica* and practice, and least of all at the real principles of homœopathy. But a great injustice is done to the medical student when the use of a valuable remedy is condemned because the allopaths use it thus and so, and, indirectly, a great harm is done to homœopathy. In this brief paper to-day, I wish to recount one of my experiences along the road since graduation.

Soon after settling in Northampton I had occasion to try the above-described theory in mild cases of anæmia. Alas, to my surprise and mortification, a speedy cure did not result!

The patients drifted elsewhere. More study of the next cases, less medicine ; more potency and still more impotency. Failure with these cases on every hand, until at last I became discouraged, disgusted with medicine, and with homœopathic medicine in particular. The following case led me to a change in methods if not in principles.

A Miss —, daughter of a clergyman in our city, one day consulted me for too frequent menstruation — every two weeks and quite profuse. She was twenty-eight years old ; a music teacher ; nervous, inclined to cry as she was telling her history ; no appetite ; headache all the time, not severe but constant ; lips and mucous membranes generally pale and bloodless ; constipated ; unable to sleep at night ; often wakeful all night and cross all day ; and, as an appendix to her history, she had been in the hands of an allopath the past year. First *nux vomica*, just a few doses to counteract the “dosing” she had been subjected to by my predecessor ; then *pulsatilla* 3d, 6th, 200th, and finally the tincture ; all to no purpose. No history of any suppressed eruption could be found ; but a few doses of *sulph.* as an intercurrent remedy were administered with no change for the better in my patient ; the months were going by, and twice every month she menstruated. As we had tried to be scientific so many times and failed, we now began to wonder and guess. *Fer. met.* 6x and 3x were tried but it was no use ; then in a last desperate plunge, as I supposed, I sank hope and homœopathy together, and prescribed *Blaud’s* pills, five grains three times a day, after eating ; two weeks, no flow yet ; a month, still none ; patient feels better ; more color ; appetite good ; sleeps better and feels stronger ; six weeks, the most natural period for three years ; patient well in another month and no trouble since. That was the beginning.

*Case No. 2.* While treating Mrs. W — I was consulted about her servant who was menstruating too freely. The old-school physician formerly in attendance upon the servant, an able physician and a man of many years’ experience, had said to Mrs. W — : “ If your servant was not menstruating at all I could give her some medicine that would make



her menstruate, but as she is menstruating too much and too frequently, there is nothing we can do to check it." This was contrary to my experience as above related; but, as my experience had been limited to that one case, I did not feel like giving a strong opinion adverse to the old doctor's long years of experience. However, the faith in me was strong enough to again prescribe iron in the form of Blaud's pills, three grains four times a day; the result was most happy; a speedy return to normal menstruation and a consequent improvement in general health.

*Case No. 3.* A Miss D — came into our family as servant to do general housework nearly three years ago; she was twenty-four years old, an Irish girl, and highly recommended, her only fault being that she was not strong; her former mistress saying she could not do washing because of a lame back. Her complexion was sallow; appetite poor; eyes with yellow sclerotic, and all the attending symptoms of a so-called "bilious person," — one of those whom we so often hear say, "I've got a liver!" But the most distressing symptom was the persistent backache; so constant and severe was it that I began to fear she might have some displacement of the uterus. She told me that she had leucorrhœa very badly and that she often menstruated as long as ten days. Fresh from my two former victories, I at once gave her Blaud's pills; the backache, which she had had for several years, disappeared in a week; the leucorrhœa stopped; menstruation became normal in a few months; the bilious symptoms cleared up and her countenance became healthy, and she is now a strong, rugged girl; she has had various forms of iron, but I am inclined to think that the picrate of iron  $\frac{1}{50}$  of a grain four times a day has done her the most permanent good. I do not wish to keep up a tiresome repetition of these cases, but there are two more I should like to touch upon — one very briefly, and the other in a more extended report, as it is my masterpiece in iron.

Miss D —, when a freshman in Smith College, came to me in a run-down condition, saying she had a bad heart trouble and was altogether discouraged about getting through

the four years. On examination I found what I supposed to be an organic mitral murmur; it was very distinct and answered all the requirements of such a diseased condition of the heart; this, coupled with her statement—that she had been told by her physician before coming to college that she had “heart disease,” confirmed me in the opinion that she was suffering from mitral disease. I put her upon a course of treatment which she continued through her freshman and sophomore years with some improvement, but not much. In her junior year I made another and more careful examination, but could see no reason for a change of diagnosis; still, from her general symptoms and slightly anæmic appearance I decided to give her my prescription of Bland’s pills, three grs. four times a day; she began to improve immediately, and by the end of her junior year the heart murmur had almost disappeared. On my advice she continued the iron through the summer vacation; and when she returned to college last September there was not a trace of heart murmur, and, as she expressed it, “I never felt so well in my life.” This case I have considered one of mild anæmia with all of the traditional symptoms of anæmia absent except the anæmic murmur; and for this reason the poor girl had been consigned, both by her former physician as well as myself, to the realm of incurables with organic heart disease.

My last case is that of Mrs G —, aged twenty-four. She came to me from a town not far from Northampton, and gave me the following history. Eleven months previous she had stopped menstruating suddenly, and at the same time or soon after she began to increase in size, especially about the abdomen. These symptoms, together with others, led her to think she was pregnant; her imagination was also stimulated by her natural desire for a child as she had been six years married and never before had any evidence of pregnancy. In about three months she consulted her physician and he fully confirmed her diagnosis; she was pregnant, in his opinion, and the date was made for the arrival of the child according to the “obstetrical table.” The man and wife were happy, and everything was prepared for the baby, — clothes made, nurse

engaged, and the bassinet trimmed with its dainty ruffles. Hope had increased in confidence, and the woman in flesh; she never felt better in her life — from one hundred and fifty six pounds she had increased to two hundred and twenty. The time came for the arrival of the baby; the nurse also came and the doctor likewise; but the baby did not come. At the end of ten months the family asked for counsel, and an old doctor was called in who wisely asked for an examination which the attending physician had not made; and he discovered that the woman was not pregnant, but excessively fat and especially about the abdomen. Strange to say, the would-be father and mother lost confidence in their “family” physician, and, sensitive to the talk of the town, she came to me. Her “present appearance” was that of a healthy, but extremely fat woman; she had the flush of health upon her cheeks — they were more than pink, they were red, fiery red. The appetite was very good; she had eaten rather more than usual the last year but thought nothing of it, supposing her condition as a pregnant woman demanded nourishment. Sweets she had indulged in more than ever before; her bowels were regular, and the urine not much increased; but an examination showed the presence of sugar to the amount of three per cent (Whitney’s test). Such the picture of the case and such the totality of the symptoms as nearly as I was able to get them. My first prescription was Bell. 3d, with a careful regulation of diet, cutting off all sweets and starches, and putting her upon gluten bread, lean meat and green vegetables, such as spinach, celery, etc. I placed especial emphasis upon the necessity of eating small quantities, and advised plenty of exercise in the open air. This treatment was followed up for about six weeks with little change except a lessening of the amount of sugar in the urine. The woman was very much distressed in mind because she did not menstruate, and several times asked me if I supposed she had reached the change of life; this idea was more firmly fixed in her mind because she had had an aunt who stopped menstruating at about my patient’s age. I assured her that, in my opinion, she had not reached the



climacteric, and every time she would hurl this question at me, "Then why don't I come 'round?"

About this time, six weeks after beginning treatment, I made up my mind that this woman was suffering from false plethora — that her condition was really one of anæmia, although she did look so healthy, and had such red cheeks. Of course at this stage of my experience it was but a step to the conclusion that iron was the remedy she needed. My success with Blaud's pills led me to prescribe them again, — one three-grain pill four times a day. In about a month she had a slight show, the first she had seen in fifteen months. In another month she was menstruating almost as much as natural; the red color was disappearing from her face and the fat from her body; she had lost about twenty pounds; the sugar had entirely disappeared from the urine. To hasten the reduction of her fat I prescribed Hathorn and Vichy with marked success, reducing her flesh about twenty pounds more; tiring of the strict diet, she returned to a more liberal one with a partial return of fatness, but all this time she seemed in perfect health, and was menstruating regularly. After this she went to her home physician and, as far as I can learn, she has had no further trouble.

There has been nothing in my practice so satisfactory as the above treatment for this class of cases. Now, what is the explanation, what the method of cure? At first, as I began to reason about the matter, it seemed to me that the law of similars did not hold good here; still, I was a very firm believer in this law of cure, and I would not let myself be persuaded out of it without investigation. The remark of the old doctor above referred to, namely, that he could do nothing for menorrhagia, but could help amenorrhœa, coupled with our knowledge that the old school remedy for amenorrhœa is most often iron, set me to thinking after this fashion: "Iron will increase the menstrual flow — in fact we have the authority of Ritter for saying it will produce true metrorrhagia. Now then, if similia be true, given a case of menorrhagia pure and simple, iron should cure it. My experience had proved to me that it did. This grounded me again in

my faith and satisfied me that I was practising homœopathy even if I did use Blaud's pills. We are all undoubtedly familiar with Hughes' masterful defence of iron in anæmia as a homœopathic remedy. He says, "The treatment of anæmia by iron is one of the few satisfactory and certain things in modern medicine." — *Pharmacodynamics*, p. 481. We meet in our practice many cases that are more or less anæmic, though we cannot say that they are true cases of anæmia; but they are cases of impaired nutrition and will present the following symptoms: a sallow complexion, almost yellow in appearance, the so-called bilious type; on excitement the face becomes bright red; the mucous membranes are pale; the breathing is short and shallow; there is loss of appetite, usually associated with constipation; the patient is nervous, a good candidate for nervous prostration; every effort seems a mountain of labor; if the patient be a woman, there will be scanty, delayed menses with much pain, or else menorrhagia every two or three weeks. Many cases will have a weak, rapid pulse, and a few give an anæmic murmur; the mental condition of the patient will be cross and fretful, and inclined to tears. Headache and backache are almost constant symptoms. The treatment of these cases with iron is homœopathic treatment. I need not review the pathogenesis of iron before this audience; you all know where to look for it even if you have it not in mind. We sometimes like to have our faith substantiated by those who believe not as we believe; it is unwilling evidence, and oftentimes unconscious, therefore all the more valuable. Bartholow in his "Materia Medica," p. 148, says: "The preparations of iron should not be continued too long; occasional intermissions in their use are necessary; otherwise the digestion becomes deranged and the good effects are lost. Occasional purgation is useful, and acts in a way to favor the absorption and assimilation of iron." What statements will he not make to avoid saying that a drug given in too large quantities and too continuously will aggravate the very condition he is trying to cure! In other words, to avoid saying iron is homœopathic to the anæmic condition. How does purgation "*act in a way*," as

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he says, to favor absorption and assimilation of iron? The statement *seems* absurd. Would you say to a patient who was getting too much nitrogenous food, who was absorbing and assimilating too much already, who was, in fact, suffering from lithæmia, that he must take a purgative occasionally because it would benefit him by helping him to absorb and assimilate more nitrogenous food? Not at all. You would say to him that he must purge himself of the offending material in his system and stop putting more in.

No paper on therapeutics before this society would be complete without some consideration of dose, that stumbling-block of our school. It seems to me that the dose is a matter which each physician must decide for himself. You know very well, if you have listened to my reported cases in the first of this paper, what my opinions are. After using many preparations of iron, both organic and inorganic, triturations, tinctures, dilutions, and compounds, I am free to admit that I get the best results from Blaud's pills, three grains or five grains, and it does not matter much which. If I am giving five grains at a dose, I do not give the medicine quite so long before stopping it — usually about two weeks is sufficient for cases as above reported.

I believe that iron is homœopathic to the anæmic condition, but in my experience with the drug, the best results are obtained from material doses. In theory we may be logical in prescribing minute doses of medicine, but I for one have not had so speedy results from minute doses as I have from material doses. "The speedy, gentle, and permanent restoration of health" has failed to materialize.

Dr. Conrad Wesselhoeft has shown by his experiments and proclaimed by his writings that a high potency of any drug must contain more extraneous material of several kinds than it does of the drug potentized. If this be true, how much more must it be true that our patients are all the time contaminating by their food and drink the medicine we are giving them! You have an anæmic girl for a patient; she is a tea-drinker. You, of course, forbid the tea, and prescribe iron 30th or 60th. She takes the medicine because it



is pleasant to take, but the advice (not to drink tea) is unpleasant to take and so she continues with the tea, expecting the medicine to do all the work in spite of the tea. There may be more stannum from her tin teapot than there is ferrum from a high potency. As with iron so with other drugs. We, as physicians, have run after and made the most of the non-essential part of homœopathy, and have neglected the great essential law of similia as demonstrated by quinine in intermittent fever, arsenic in chlorosis, and iron in simple anæmia. Instead of avoiding the use of these drugs in the above-named conditions, and decrying against their use, we should use them, and openly, not secretly as many do; and prove to our patients that we, in using them, are not becoming allopathic, but that the allopaths are, in these instances at least, practising homœopathy.

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## THE RESULT OF SEPTAL DEFORMITIES UPON THE UPPER RESPIRATORY TRACT.

BY E. R. JOHNSON, M.D., WOLLASTON, MASS.

As the author should believe that there is a field for his production or an urgent need for his book, so the writer of this paper believes there are very good reasons for considering this subject. The general practitioner from time immemorial has been seeking a specific for what he was pleased to call catarrh. The patent medicine man has blossomed forth at regular intervals, and announced to the world at large that he has found a specific for this dire disease, which, he claims, has so far baffled the skill of the authorities. To such a large degree indeed has the faithful physician and the pretender alike been unsuccessful in his attempts to cure inflammation of the upper respiratory tract, that the laity in general are still looking for a specific.

Like the legend of the youth who, in his enthusiasm in seeking the temple of fame, travelled out of the plane of his everyday life, forsook all else and spent the years of his life

toiling up the steep mountain in order to reach the temple, at last, aged and weary, he attained the height and looked eagerly about him for his treasure; he saw no temple, and wandering on, he met an old man, who looked sadly at him, appreciating his earnest and worthy efforts, but pitying his mistake said, "My friend, the temple you seek stands in the midst of the place you have left." This is exactly what will greet him who, for a lifetime, seeks a specific for any pathological process except he confine his study to the local condition, seeking first diligently the cause, and then consider his remedy.

For the past few years we have been making rapid strides in our knowledge of diseased conditions in all parts of the body. The nose and throat have received their share of attention. The third tonsil and its evils have been portrayed again and again; but more rarely have we heard of septal deformities and its evils.

On account of the position and structure of the septum, it is subject to many alterations, and thereby exciting many pathological conditions. It is formed by a cartilaginous portion somewhat quadrilateral in form, the perpendicular plate of the ethmoid and the vomer. These are united at their edges by a fibrinous membrane, the perichondrium, forming a continuous, smooth inner wall to each canal. The Schneiderian membrane covers the entire septum, thickest nearly opposite the anterior third of the middle turbinate, including at this point a small amount of cavernous erectile tissue. Thus it seems that the septum is made up of several thin perpendicular plates, and covered by a vascular membrane. Pressure at birth, traumatism, or an abnormal high arch of the roof of the mouth are the causes usually given for malformation of the septum. There may be a deflection; the septum may be thickened, curved doubly so as to cause a sigmoid flexure or corrugated appearance, with resulting exostosis or ecchondromata in the form of ridges, shelves, or spurs.

I particularly want to speak of these deformities and their results upon the upper respiratory tract, to show how much

depends upon the normal condition of the septum. I shall pass over with simply the mentioning of such deformities as are due to ulceration with more or less destruction of the septum, and also deformities that are only noticeable externally.

Most authorities upon diseases of the nose and throat agree that the nasal septum should divide the nasal chamber into two cavities of equal dimensions. But this is rarely seen. A slight deviation is the rule.

Deformity of the septum may be caused by disease occurring directly in the structure, or as a secondary condition depending upon some constitutional lesion. Inflammatory processes involving the mucous membrane lining the cartilage may so weaken it as to permit of a slight deflection. This is seen following purulent rhinitis of children. Superficial ulceration in syphilis, tuberculosis, and lupus without perforation may cause deflection and deformity.

By far the largest proportion of malformations of the septum are caused by traumatism. The injury may have been received in childhood, but the result not discovered until later in life. Children are especially subject to injury of the nose on account of their remarkable activity and poor judgment; boys more frequently than girls. The injury is not usually recognized until the deflection or thickening, produced by the callus, which is thrown out after the fracture, obstructs nasal breathing on one or both sides. The injury may be so great as to disjoint completely the cartilaginous and bony framework.

Either from disease, or more especially from injury, where the septum has been deflected, there is a proliferation of cartilage cells, usually at the sutural junction of the triangular cartilage and the vomer, which results in the thickening of the septum or growth upon it. This growth, a ridge or spur, continues to increase in size, pushing out into one or both nasal cavities until it comes in contact, or nearly so, with the turbinate body. It may not necessarily come in contact with the opposite side of the cavity before nasal obstruction results. At this stage a simple cold may, by



the marked hyperæmia, bring the parts, which previously have not touched, into contact, and result in constant irritation of the mucous membrane lining the nasal cavities. Thus beginning, it continues and results in a chronic inflammation. In time "permanent alteration in the tissue will result from infiltration of the submucosa by leucocytes and serum. This embryonic tissue is produced by proliferation of the migrated leucocytes and fixed connective tissue cells, which, if nutrition be adequate, goes on to organization and the formation of a fibrinous structure which alters the nutrition of the submucosa by contraction and impairs the functional activity of the mucous glands."<sup>1</sup> The membrane is thickened and œdematous in the early stage. Hypertrophic rhinitis is of course the result.

Further contraction of the newly formed submucous tissue, with consequent lessening of the blood supply to the surface, and alteration of the normal function of the membrane with the shrinking of the tissues, generally verges it from hypertrophy to atrophy; the former condition especially annoying on account of the nasal obstruction and excessive secretion of mucus which may change into muco-purulent form: the latter condition especially annoying and dangerous to health on account of the fetid odor and sluggish purulent process.

Prior to an atrophic condition a myxomatous degeneration may take place, especially in the mucous membrane lining the dependent portion of the turbinate bodies, particularly the middle, resulting in a polypoid growth or growths. I do not say that a polypoid degeneration is necessarily due to the constant irritation of a spur or ridge. Although many theories have been advanced as to the cause of the polypus, I am sure that none is more reasonable than that a chronic inflammatory process, kept up by whatsoever cause it may be, will result finally in polypoid degeneration; and thus chronic inflammation, we most often find, is due to some septal deformity. This is easily demonstrated in a large majority of cases.

<sup>1</sup> Kyle, page 57.

The symptoms indicating myxomatous growths are similar to those of chronic rhinitis, except perhaps more marked, according to the extent of growths: nasal obstruction; nasal twang to the voice; noise in damp weather; discharge, the character of which depends entirely upon the extent of the growths, and the length of time it has been pressing upon surrounding tissues, causing ozena, obstructing the lachrymal duct and the opening into the antrum, with antral complications.<sup>1</sup>

The moxos fibroma and mucocele or mucous polypi have the same symptoms and appearance as the pure myxoma, and I will only mention in passing.

From the conditions which I have so far mentioned, it is very clear to be seen how naturally inflammation will extend into the accessory cavities, and especially the antrum. Closure of the antral opening often occurs caused by inflammation in the nasal cavities, though by far the largest number of antral diseases are due to septic infection from decayed teeth, or to traumatism. There may be acute or chronic inflammation of the mucous membrane of the antrum or ozena, or there may be a purulent inflammation.

The ethmoid cells may be affected by direct extension of inflammation from the nasal mucous membrane or by occlusion caused by turgescence or growths within the nasal cavity. Such inflammation is easily communicated to the bony walls with consequent caries.

Inflammatory processes of a like character and in a like manner may involve the frontal sinus and the sphenoidal cells by direct extension from the nasal membrane.

The following reflex neuroses may be wholly overcome, or in part, by correction of deformities of the nasal septum: Sneezing, hay fever, asthma, stammering, stuttering. And although chorea, epilepsy, and nocturnal incontinence of urine do not strictly come within the bounds of my paper, yet I mention them in passing, as often caused by reflex irritation from this source. If we accept the three conditions upon which the existence of hay fever depends, namely:—

<sup>1</sup> Kyle, page 221.

*First.* Abnormally susceptible nerve centres.

*Second.* Hyperæsthesia of the peripheral termini of the sensory nerves.

*Third.* The presence of one of a large variety of irritating agents.<sup>1</sup>

It is easy to understand how necessary it is in the treatment of this disease to remove any local point of irritation, and thereby put the mucous membrane of the nasal cavities in as healthy condition as possible. It is a demonstrated fact that by removal of septal irregularities and breaking up points of contact, has kept under control, in some cases, almost entirely, the symptoms of this disease.

To briefly summarize: Slight deformity of the septum may, and often is, by a constant irritation to the nasal mucous membrane, a causative factor in the following pathological conditions of the nasal and accessory cavities:—

Acute and chronic rhinitis, hyperæsthetic rhinitis or hay fever, hypertrophic rhinitis, polypoid degeneration, atrophic rhinitis, and, of the accessory cavities, acute and chronic inflammation and empyema, necrosis and caries of the antrum of Highmore, ethmoid cells, spheroid cells, and frontal sinus.

The first indication of any abnormality of the septum would be nasal obstruction, and is brought about by most of the conditions above referred to. "One of the most important functions of the nose is to heat and moisten the inspired air. When for any reason this is interfered with, mouth breathing results," with the following consequences:—

Irritation of the entire respiratory tract; sense of smell is retarded; dry and parched condition of the mouth, lips, and tongue; thickly coated tongue; restless sleep; snoring at night; frequent attacks of laryngitis and tonsilitis; hypertrophy of faucial and pharyngeal tonsils; coughing of retained secretions; mucous membrane of larynx and pharynx dry;

<sup>1</sup> Bishop, page 232.  
American Text-book.  
Ivins.  
Coakley.

Brown.  
Bosworth.  
*New York Medical Journal*, August 6, 1898.  
*Universal Medical Annual*, Vol. IV, 1895.



voice hoarse and with nasal twang; in children, facial deformity.

All these morbid conditions may be relieved if we remove the exciting cause.

After thorough cocainization which serves two purposes: first, to anæsthetize the parts, and second, to deplete the tissue, we may see clearly any deformity in the anterior nasal cavities and often see the posterior wall of the pharynx. If there is a spur, ridge, shelf, or thickening, it should first be removed with the saw or knife. Such irregularities usually develop on the convex side of the deflection. At the same time the turbinate bodies on the other side should be carefully examined for any abnormality which should be corrected in order that there may be room enough on that side, after the septum has been straightened. After removal of such points, the tissue should be thoroughly cleansed with one of the many antiseptic washes, especially useful for the nasal mucous membrane, and the seat of such minor operations allowed to completely heal before the attempts to straighten the septum. The old method of the general surgeon indiscriminately introducing one of the various forms of punches, and breaking down the septum, cannot be too strongly condemned. It is wholly by the careful attention to little details of the operation, and the following removal of redundant tissue that assures a successful operation.

Different forms of deflection require different methods of operative procedure.

Etherization may be necessary, but the majority of cases can best be handled under cocaine. With cocaine and the addition of a solution of suprarenal capsule to make the operation bloodless, the operator can work at the best advantage; having reflected light and the patient in the best position, he can see clearly every step in the operation.

The bowed deflection or plain concavity on one side and convexity on the other is perhaps the simplest.

There are many methods and many modifications of the various methods. The Ash operation, which is very like the Douglas, seems to me best for the majority of cases. This

consists in an incision being made parallel, or nearly so, with the floor of the nose, beginning at the posterior point of deflection, passing through the centre of the concavity and bringing it forward completely through the triangular cartilage. Another incision at right angles with the above, passing from the upper point of deflection, through the centre to or nearly to the floor of the nose. If there should be a marked ridge, the incision would best be made along the line of the ridge, or ridges, regardless of their direction. Thus, the septum is divided by several incisions, each one in turn allowing the entire septum to swing into perpendicular line by pressure, which is made by introducing the finger, well oiled, into the nostril on the convex side. It may be necessary to use the septum forceps, the blades of which are introduced on either side the septum, and forcibly twisting by a rolling motion until the cartilaginous septum is freely movable. There is an overlapping of the edges, and this should be on the free side. The fragments are held in position by hollow malleable tubes, fitted to each particular case. It often is necessary to use two, one on either side of the septum, the larger one on the obstructed side, in order to get the best position of the fragments and a union of them in such position.

The utmost care following this operation is absolutely necessary to a favorable result. A careful examination each time the splint is removed and correction of any irregularity of the uniting fragments; the thorough cleansing of the splints and the nasal cavities; wearing the splint sufficiently long; and finally, the removal of redundant tissue, which is apt to follow any injury to the septum, will result in a complete and successful restoration of the normal contour and function of the nasal cavities, and may in a measure correct external deformity. One very great advantage of the modern operation is its freedom from afterpain and discomfort.

**CASES OF FEVER RETURNED FROM SPANISH WAR.**

BY DR. CONRAD WESSELHOEFT.

I was told by Dr. Talbot that after and during the Cuban War there were admitted to the Massachusetts Homœopathic Hospital about sixty-two soldiers from the army serving in Cuba and Porto Rico. Of these there were about twenty-seven cases of various forms of fever, and one death from typhoid fever (two deaths from whole number).

As my books and memoranda are all stored away where I cannot obtain them conveniently, I have been assisted at the hospital in looking up the records. These I am unable to confirm from my private memoranda, but hope to give a succinct idea of the kinds of fever we had to treat, and their treatment.

When these soldiers first arrived they were in no condition to allow us to form an immediate diagnosis or to select the proper remedy and dietetic regimen. Besides being wearied by a long sea voyage, they exhibited all the signs of fatigue, exhaustion, hunger, and exposure, unavoidable in war. We all know that no means were spared to bring the sick soldiers home, and we have to praise the authorities for their energy and forethought. Still, it is not to be wondered at that fevers were very severe, and added much to the expression of suffering on the faces of the soldiers, both white and colored.

It was unavoidable that before and on the journey home palliative medicines were used freely, among which large doses of quinine was the most common. Probably also opium and its derivatives, but of the extent of the use made of these I am not certain. I am convinced, however, that the quinia they took produced in the patients a condition of torpor and apathy, indifference and debility which made the nature of their cases often very doubtful.

Of course in such cases it was necessary to omit all medicine and to observe the temperature-curve very closely ; and thus



it happened that after three to five days of observation it was possible to determine the type of fever we were dealing with.

Three cases of malarial fever of the intermittent type, generally of the tertian variety, but also of the double tertian and quotidian, were observed and easily recognized by the characteristic temperature-curves.

From these it became no difficult matter to distinguish the typhoid varieties, with their vascillating temperature-curves, irregular through the day but always high at night, and lower in the morning. Among these cases there were a number which were not pronounced enough by their characteristic symptoms, such as exanthema, enteric pains or diarrhoea, delirium, etc., to be called typhoid, but could only be designated as continuous, remittent fevers. They were also pronounced by some as chronic malarial fevers.

Now there is no doubt that true malarial fevers will take a prolonged and tedious course from which the patient finally recovers; but for my part, I think that the term malaria is used too indiscriminately to cover all sorts of morbid conditions, which may or may not have had their origin in *true malaria*. I prefer to confine that term to *those fevers only which show decided intermissions*; that is, periods of time in which the patient is quite free from fever, — that is, high temperature and pulse.

Upon the detection of this intermission the selection of the remedy is often dependent, but this period of apyrexia is often so short that it escapes detection if the temperature is taken only once in twelve hours. Nurses were, therefore, directed to take the temperature oftener, say once in two or three hours, and in this way it was often possible to discover the period of apyrexia if there were any such period in the case. This malarial character of such cases was also tested by the blood test, which would always disclose the plasmodium malariae if the blood came from a case of malarial fever. Where the plasmodium was absent, I doubt much if we found a single case of intermittence of the fever or a true period of apyrexia.

Many of these cases had had plenty of food, but not of the

kind they needed. Plain porridge, broths, soups, or gruels were at first given freely, and in many cases the unquenchable thirst was allayed by frequent but moderate draughts of water. It seems obvious after a while that this excessive thirst was not so much due to the fever as to the salty food and insufficient or unpleasant water of the journey.

There were also cases of ravenous hunger which could hardly be appeased, and several patients as soon as they could walk would go out and purchase pies and cake in large quantities, which, distributed through the wards, caused quite a number of serious relapses.

But, the diet and hygienic questions being disposed of, a brief allusion must be made to the pharmaco-therapeutics of these cases. In the typhoid, rhus and arsenic were generally indicated, besides belladonna, gelseminum, and others. The cases, once made out and put on proper diet, all did well but two, which were hopelessly low when brought to us.

In the cases of true malaria there were also a limited variety of medicines used, — chiefly china, arsenic, and nux vomica. The indications for arsenic were, especially in those cases of continuous remittent fevers, the indistinct periods of chill and heat with restlessness and great thirst; and where much quinine had probably been used, as shown by the apathetic state of the patient, who, though he had no fever paroxysms, felt quite sick and miserable.

Nux vomica in indistinctly developed fevers showing no particular type, but with evening chills, hot head, red face, rigors without external coldness, *headache*, *nausea*.

China, or, as I prefer to use it, the sulphate of quinia, was still the most important remedy, and when the intermittent nature of the case was once established it was noticed by nurses and assistants how promptly the whole disease vanished, how the paroxysms failed to return, and how the pulse-curve became normal, and how the plasmodia vanished from the blood. But this will never come about, rapidly or at all, unless *one* condition is faithfully and intelligently followed. This condition is to watch for the period of apyrexia, that is, when the temperature and pulse have reached their lowest

point. It need not be normal, but it is absolutely necessary to ascertain the lowest point the temperature and pulse will reach ; and having found that, give your china or quinine, or it may be arsenic or nux vomica. But there is no use in giving these medicines in attenuated doses during a fever paroxysm. They may suppress it then if given in large doses, but the convalescence will be very unsatisfactory.

My whole method can be summed up in a few words : Find the fever-fall point, and give one grain of sulphate of quinine every six hours, and you will find that in a large number of cases the paroxysms will not return.

I have quite a long list of cases outside of the hospital practice in which three grains of sulphate of quinine cured the case completely, without relapse or disagreeable after symptoms. The hard and complicated cases of our soldiers, especially if they had been overdosed with quinine and other medicines, may have required five or six grains, one grain to be given at intervals of six, eight or ten hours. It is always best to wait as long as possible for the return of a paroxysm and to make the intervals between doses as long as possible. If another paroxysm did overtake the patient, our rule was to await its end, and again to watch for the free interval, and then to give another grain or more.

Some may think this excessive dosage. I never wish to give more than is necessary, and have always, with regard to the medicines I use, endeavored to find the least dose which will cure *oftenest*. In order to ascertain this, I proved sulphate of quinia many years ago, taking a grain every night and morning for three weeks. I had no unpleasant effects from it, nothing which I could call a symptom, but I was conscious only of feeling very well, sleeping better and having better appetite than before taking the quinine.

After this experience, I no longer considered it dangerous, or hesitated to give a grain of quinine three or four times in twenty-four hours, and am convinced that cases treated by me in that way were not instances of suppression but fair and honest cases, and that quinine, used in this way, is most likely to effect a cure in typical cases of malaria, characterized by a period of apyrexia.



## A METHOD FOR STERILIZING CATGUT.

BY W. F. WESSELHOEFT, M.D., BOSTON, MASS.

It is unnecessary, perhaps, to emphasize the fact of the great value of absorbable animal material for ligatures and sutures. Catgut, which is really made from the intestine of the sheep, is now readily obtained in all useful sizes, and has abundant strength for the purposes to which it is put.

The great objection to catgut has always been the uncertainty of rendering it aseptic by the different methods used to sterilize it. So great has this feeling of doubt been that many surgeons have tried and abandoned one method after another, and finally the use of catgut itself, preferring a non-absorbable material, that can be made certainly sterile, to catgut with all its other advantages.

The only method of sterilizing in which the surgical world has a common and entire confidence is that by means of a high degree of moist heat. Our instruments, dressings, and indeed everything except our hands and the field of operation, are now sterilized either by steaming or boiling to render them aseptic beyond suspicion.

By the following method catgut, cut into convenient lengths and sealed in separate paper envelopes, is sterilized in absolute alcohol at a temperature of boiling water, 212 degrees F., and a pressure of twenty-five pounds to the inch. These envelopes with the gut sealed in them are then dried out, the alcohol evaporating readily. The gut, sterile and dry, is now ready for use, or can be kept indefinitely, and its strength is not impaired.

The method was suggested by observing that alcohol does not affect the gum used in sealing paper envelopes.

The gut is cut into the desired lengths (from 24 to 30 inches commonly). Each strand is wound about two fingers and put into a small paper envelope (Fig. 1), which is not sealed. Two of these small envelopes, each containing a strand of gut, are put into one slightly larger (Fig. 2), two inches square, and this outer envelope is sealed.

These envelopes are of strong bond paper, and in their manufacture their angles and seams are accurately closed and gummed. The outer envelope is a little more than two inches long and is folded on itself to two inches square, thus making what is known as a safety lap closure.

The envelopes, filled and sealed, are now put over a radiator, register, or in an oven for two or three hours to be thoroughly dried out. They should not be laid on the metal, but in a towel, or suspended where the heat is not above 200 degrees F., to avoid their being cooked and made brittle.

After being dried they are ready to sterilize. The sterilizer (Fig. 3) is a square brass box, tinned inside and out, with an inside measurement of 2 1-4 inches on a side. The cover, which is separate, is fitted with a rubber gasket, and is fastened on tight by four steel bolts and thumb screws. The sterilizer is cast square, to fit the envelopes, in order to economize alcohol.

The envelopes containing the gut are placed in a wire basket (Fig. 4), made to fit, and so carried into the sterilizer.

Absolute alcohol 99 8-10 Squibb is now poured in up to the point (Fig. 5) which is marked by the upper end of the basket. The cover is screwed on and the sterilizer hermetically sealed.

The basket is a little less than nine tenths the length of the sterilizer inside, and the end of the basket marks the point to which the alcohol is poured. This allows a little more than one tenth of the space for the alcohol to expand in when heated. Alcohol boils at 172 degrees F., and when heated to 212 degrees it expands a little less than one tenth of its volume. In using the sterilizer this point must be observed. The sterilizer has strength for many times the pressure it is subjected to; but, should it be filled full of alcohol, tremendous pressure would be developed, which it is not made to bear.

The sterilizer, filled with the envelopes and alcohol, is immersed under boiling water, and left there for one hour. It is immaterial whether the boiling water is in a large enough vessel on the kitchen stove, or in an ordinary hospital instru-

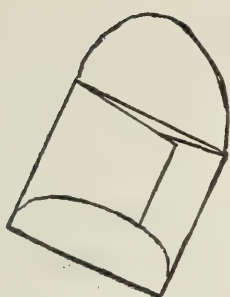


FIG. 1.

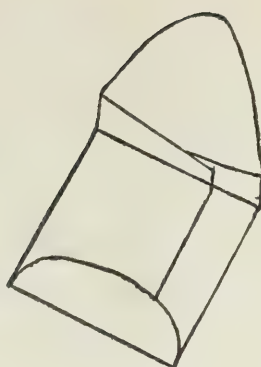


FIG. 2.

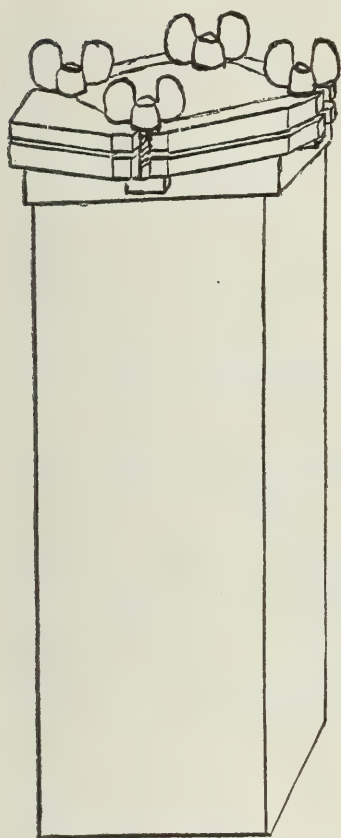


FIG. 3.

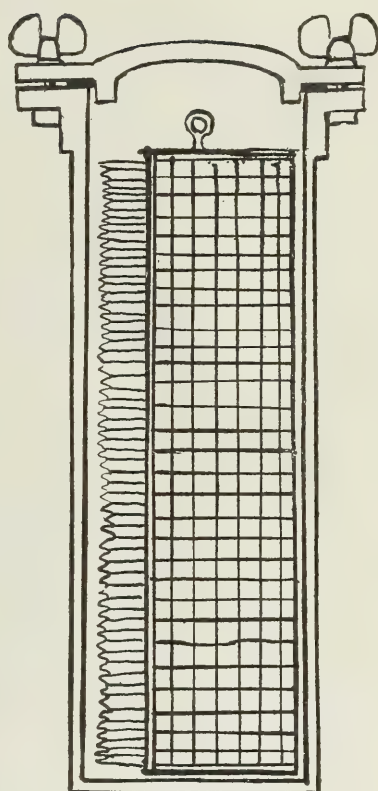


FIG. 5.

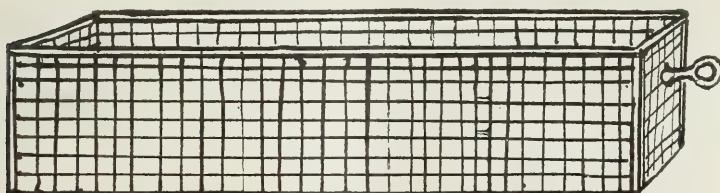


FIG. 4.

FIG. 1. Inner Envelope.

FIG. 3. Sterilizer.

FIG. 2. Outer Envelope.

FIG. 4. Basket.

FIG. 5. Section of Sterilizer filled with Envelopes.



ment boiler. This raises its contents to 212 degrees F., and develops a pressure of twenty-five pounds to the inch, which must squeeze hot alcohol through every fibre of the gut. One hour is unnecessarily long, but it is a convenient space of time and insures certain sterilization.

The sterilizer is taken out at the end of the hour, and placed in cold water for a few minutes to reduce the temperature and relieve the pressure before opening. It is then opened, and the basket containing the envelopes pulled out.

The envelopes are dropped into a towel and again put to dry, which takes fifteen or twenty minutes.

The gut is now ready for use. Each strand is sterile, it is in a sterile envelope which is in another envelope, and it can be kept sterile indefinitely, and carried about conveniently.

When desired for use, an attendant opens the outer envelope and bends back the tongue. With sterilized forceps the operator or his assistant takes out the inner envelopes, which, with the gut they contain, are absolutely sterile.

The inner envelopes can be used over and over again if desired.

Absolute alcohol 99 8-10 per cent must be used. Water makes the trouble in any heat sterilization of catgut, and ordinary 95 per cent alcohol contains water enough to crinkle and ruin the gut every time by this method of heating it to 212 degrees F. With 99 8-10 per cent alcohol this never has happened.

Nearly one half the alcohol used is lost, as it is carried out of the sterilizer in the envelopes and evaporates from them. That which remains in the sterilizer is good alcohol, but cannot be used again to sterilize catgut by this method, as it seems to have absorbed water from the gut enough to act as does ordinary 95 per cent alcohol, and if used is apt to cause the gut to crinkle.

This method has been thoroughly tested with entire satisfaction to the surgeons in charge during the past three terms at the Massachusetts Homœopathic Hospital, and during that time no wound disturbance has been laid to the catgut. The

necessary manipulations are so few and simple, and so little watching is required, that the nurses responsible for the preparation of the gut have found their work reduced to a minimum.

Kangaroo tendon may be sterilized in exactly the same way as that described for catgut, but certain manipulations are required in preparing the strands. The tendons come commercially in thick, coarse lengths, which have to be separated into strands of desired sizes. This is done after soaking the tendons in water for some hours. These strands, after being thoroughly dried, are tightly wound on narrow spools of cork or glass, and are then placed in the envelopes to be sterilized. If they are not so wound their fibres are apt to separate at one or more points, and these fine fibres, by shrinking unevenly, make a weak point in the strand. When properly prepared and sterilized, the strength of these strands of tendon, like that of the catgut, is not impaired.

The sterilizer is made eight inches long inside and is capable of holding about fifty envelopes, or one hundred strands of gut. It is made without joints to wear out. The steel bolts and thumb screws may be obtained at any hardware store, so can be readily replaced should a thread wear.

The rubber gasket is a rubber packing made to withstand heat. It is cut out with a knife and scissors, and one gasket will bear use perhaps four or five times.

It is undoubtedly desirable for an institution, or a surgeon having a large practice, to prepare everything as far as possible that is used in the surgical work. In this way only can absolute control of the processes involved in the sterilization of the different materials used be had. Sterilization of materials stands second to nothing in surgical work to-day, and by this method the sterilization of animal ligatures and sutures is made easy and absolutely certain.

## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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Why is it that so few papers are presented in the meetings of our local, state, and even national societies which pertain to the subject of materia medica? This is the question which comes into the mind of every thinking homœopathic practitioner, almost every time the program of the monthly or semi-annual or annual meeting arrives, and he sighs as he thinks of the programs of twenty years ago, replete with "provings" and "guiding symptoms" and "verifications," and all those good things which are now so conspicuous by their absence; and perchance as he sighs he wonders with "truthful James," "Is civilization a failure or is the Caucasian played out?"

While it is true that the department of materia medica is not so prominent in our society deliberations as formerly, and while this is to be regretted, we do not by any means therefore believe that homœopathy "is a failure" or the materia medica "played out," but "quite the contrary, Mr. Blank, quite the contrary."

The reasons for this are legitimate and natural.

When homœopathy was first discovered, drugs and drug-ging were in the ascendant. Much was sought in a blind empirical way to be accomplished by their power, and homœopathy by its methods of proving seemed to show and did show whereby something *definite* as regards drug action could be learned. This was such an advance upon previous methods that provings were made, both judiciously and injudiciously, on every hand, resulting in a conglomerate mass of symptoms good, bad, and indifferent, which it has been the constant effort of the best minds in the profession of later years to sift, weeding out the doubtful and false, and



by repeated verification practically preserving the best. As a result of this quiet work, labor which is not startling nor brilliant and does not find its way often in print, the general sphere of action of what is known by us as the polychrests is pretty well established to-day. What can be accomplished by them and what cannot is better understood ; fewer claims of miracles worked are made, and on account of this greater *certainty* as regards their action, homœopathy rests on a firmer basis than ever before.

These facts concerning those drugs are to-day so well known and established that it seems to be considered unnecessary for them to be reiterated in society deliberations. We do not believe this to be entirely wise, for every verification of the sphere of action of any drug is so much added evidence of the truth of homœopathy and the practical results to be obtained from its application.

Another reason for the apparent lack of interest and study along this line is, we believe, one resulting from an inherent defect in the method, a natural limitation, so to speak. When provings were established the subjective was all that was considered necessary. The subjective symptoms were about all that constituted the disease, and the subjective feelings of the prover were all considered necessary for the complete application of the homœopathic law. Then physiology, pathology, biology, pathological histology, etc., were either in their infancy or unknown ; to-day they constitute the greater part of the study of medicine, and our knowledge of disease is based not so much on the subjective or story of the patient, as the objective, or what we are able to see and hear and know ourselves by the aid of modern scientific instrumentation.

These various scientific departments of medicine, together with surgery, have advanced with such enormous strides that the mind of the medical student, taxed to its utmost in its endeavor to keep abreast of the everyday discoveries, has not yet been able to apply this knowledge to the scientific study of the *materia medica*.

Because this has not yet been done it by no means follows

that the principle of homœopathy is one whit less true or applicable, or beneficent in its results, than it always has been, or that its materia medica is a bit less useful. That it may be made much more so there is no doubt; that it will be made so we confidently believe.

It is at present but lying fallow, a rich field which under modern and scientific cultivation will yet yield a rich harvest.

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### CONGRÈS INTERNATIONAL D'HOMOEOPATHIE.

The International Homœopathic Congress was held in the palace of Social Economy, Room D, Exposition Grounds, Paris, July 18-21. The Congress was called to order by its President, Dr. Jousset, on the morning of July 18. This was an important day for homœopathy in France, for it was the first time that they have been admitted to a scientific congress in an official way. Dr. Richard Hughes, of Brighton, England, was present at the opening session, and handed to President Jousset the gavel used by the former presidents of this Congress. It bears the names of Dr. Carroll Dunham, M.D., June, 1876; Richard Hughes, M.D., July, 1881; John Meyhoffer, M.D., August, 1886; and I. T. Talbot, M.D., June, 1891. Dr. Hughes touchingly referred to those among this number who have closed their earthly labors.

The sessions of the Congress were well attended by the homœopathic physicians of France, and the following countries were represented by two or more delegates: Belgium, Brazil, Canada, England, Germany, India, Italy, Russia, Switzerland, South America, and Spain. The United States sent delegates from New York, New Hampshire, Pennsylvania, Illinois, Kentucky, Minnesota, Ohio, Michigan, Indiana, and Maine; also interesting papers were furnished by Dr. Dewey, Ann Arbor, Mich.; Dr. Price, Baltimore, Md.; Dr. Spalding, Boston, Mass.; Dr. Wilcox, Buffalo, N. Y.; Drs. Gatchel, Julia Smith, and Leavitt, Chicago, Ill.; Dr. Carpenter, Columbus, Ohio; Drs. Biggar and Kraft, Cleveland, Ohio;

Dr. Talcott, Middletown, Conn. ; Drs. Norton, Terry, Ostrom, and Mills, New York City ; Dr. Chapman, Pittsburg, Pa. ; and Dr. Carmichael, Philadelphia, Pa. Many of the papers provoked animated discussions, but a fraternal feeling pervaded throughout the entire sessions. The Congress accepted an invitation to visit the Hahnemann Hospital on the morning of July 17. This hospital is situated in Neuilly, a short distance outside the fortifications of Paris. The grounds are very pleasantly located in the ancient park of Louis Philippe.

The buildings consist of two pavilions separated a short distance from each other. They are in good hygienic condition, well ventilated, and will accommodate about thirty people. A generous donation has been received lately, with which they have purchased adjacent grounds, and they hope to collect more money very soon which will enable them to build another pavilion. A short distance from the Hahnemann Hospital is the Maison Marguerite, 42 bis. Boulevard de la Saussaye, Neuilly. This is a homœopathic hospital for children. Accommodates patients from two to thirteen years of age. No convalescents admitted. This building was erected about two years ago, is built of white stone, and finished inside in blue and white tiles. It is very modern and hygienic in its construction, is in the form of a low pavilion, with an enclosed garden filled with shrubs in the rear. The hospital will accommodate twenty patients.

On July 19 the physicians of the Congress visited the homœopathic hospital St. Jacques, situated on Rue des Volontaires, Paris. This hospital is composed of low pavilions forming three sides of a hollow square; accommodates seventy patients; there are some free beds, and reasonable charges are made to those in limited circumstances. There is a dispensary connected with the hospital which is opened to poor people certain days in the week. On Saturday morning, July 21, the inauguration of the tomb of Hahnemann took place in Cimetière du Père la Chaise. It was May 24, 1898, that the remains of the great founder of homœopathy was removed from the tomb of Lethère in Cimetière de Mont-



martre to their present resting place. The monument that marks this spot is of Scotch granite, and consists of a high centre piece resting upon a broad base with low wings. In the centre and connected with the monument, is a low pedestal surmounted by a bronze bust of Hahnemann, and bearing the inscription, "Souscription Internationale." The other inscriptions are simple and appropriate. Reclining against the pedestal was a beautiful wreath of flowers, sent by the German Homœopathic Society for the occasion.

The ceremony was impressive. The French homœopaths have honored Hahnemann's memory to the best of their ability, for they have placed his remains with those of their greatest celebrities, their scientists, artists, poets, musicians, and warriors. Saturday evening the Congress was tendered a banquet by their French brethren at restaurant Ledoyen, on Champs-Élysée. It was well attended, and the conversation sparkled with wit and good feeling. Every country represented was toasted. Dr. Dills, of Kentucky, responded for the United States in his own happy manner, thanking France for her great hospitality, and extending to them all a warm greeting in behalf of the United States.

CLARA E. GARY, M.D.

PARIS, August 4.

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## MONUMENT TO HAHNEMANN AND THE RESTORATION OF HIS TOMB.

Note by Dr. Bushrod W. James, the American member of the Commission appointed by the London Congress of 1896.

Not only in America has the great founder of homœopathy been honored, by the magnificent monument which has just been dedicated at Washington, but in Paris during the International Congress, on July 21, a most fitting tribute was paid to Hahnemann by the completion, unveiling, and dedication



A  
HAHNEMANN  
FONDATEUR  
DE  
L'HOMÉOPATHIE

NE A MEISSEN (SAXE) EN 1755  
MORT A PARIS EN 1843

SOUSCRIPTION  
INTERNATIONALE



of a fine monument over the grave of this illustrious founder of our school of medicine.

The Commission on the Restoration of Hahnemann's Tomb, which was appointed in 1896, at the London Congress, has finished its work, and turned it over to the French Congress of 1900.

It had originally been considered that fifteen thousand francs would be needed for the proper completion of the work ; but the rapid growth of the funds gave the Commission the ample and generous sum of nearly twenty thousand francs, with which they were enabled to more elaborately ornament the tomb than had at first been anticipated.

The monument is of Scotch red granite, of imperishable polish, with a sub-base of Normandy granite.

In the centre is a pedestal, ornamented with carvings and bronze garlands, which supports Hahnemann's bust.

A large arch, surmounted by carved emblems, is back of this pedestal, and has an epitaph carved thereon.

On the pieces, on either side of the pedestal, are the works and sentiments of Hahnemann, and at the foot of the pedestal are the words "Souscription Internationale."

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## SOCIETIES.

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### JUBILEE YEAR, HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

BROOKLYN, N. Y., July 30, 1900.

DEAR DOCTOR:—

The Homœopathic Medical Society of the State of New York has been in continuous existence since 1851, and is about to celebrate its fiftieth anniversary in Brooklyn. The regular sessions of the society will be held at the Brooklyn Germania Club House, 120 Schermerhorn Street, near Boerum



Place, not far from the Brooklyn end of the bridge, on Wednesday and Thursday, October 3 and 4; while on Friday, the 5th, the society will convene in the Flower and Metropolitan Hospitals, New York, for medical and surgical clinics by some of the best-known men in the homœopathic ranks.

We enclose a partial program of the sessions, including the banquet on Thursday night, at which Dr. William Tod-Helmuth will be toastmaster. This banquet will be served at 7 P.M., and will be open to the members and all visiting physicians and ladies who may choose to attend. It will be served in the fine banquet hall of the Brooklyn Germania Club at \$2.50 per plate. Some of the most eminent lay speakers will respond to toasts, and we look forward to an unusually pleasant evening.

During the sessions on Wednesday and Thursday, you will note that six addresses will be given by the president and several ex-presidents of the American Institute of Homœopathy upon topics that will afford each abundant opportunity for preparing something that will no doubt be of the greatest interest and value to every member of our school, and, at the same time, show the world what homœopathy has done and can do in curing the sick. An epitome of the history of the society will be given by the only survivor of its organizers, Dr. H. M. Paine. These addresses, as well as the special bureau addresses by the men chosen from the ranks of the society, will make the meeting unique and interesting to every practitioner of homœopathy. On behalf of the state society and the profession in Brooklyn, we invite you to meet with us, and by your presence add to the value and inspiration of the meeting.

On Wednesday and Thursday the visiting physicians and their ladies will be tendered luncheon at the Brooklyn Germania Club by the physicians of Brooklyn.

A ladies' committee has been organized, and is already making plans for the entertainment of the visiting ladies. Visits to the navy yard, drives through the fine boulevards and parks of the city, as well as to the beach, with trolley parties and other diversions will be arranged, so that we are

assured the meeting will be as enjoyable to the ladies as to those taking part in the regular scientific sessions.

Hotel accommodations can be had at the Clarendon, Mansion House, Hotel St. George, and Pierrepont House at reasonable rates for those who prefer to stop here rather than in New York.

Later, another circular, giving the complete program and other details, will be sent, so that everyone can judge of the exceptional character of this meeting and prepare to attend.

### GENERAL PROGRAM,

AT BROOKLYN GERMANIA CLUB HOUSE.

120 Schermerhorn St.

*Wednesday, October 3, 1900.*

#### FIRST DAY — MORNING SESSION.

10 A.M. Called to order.

Invocation.

Address of Welcome, Hon. Edward M. Grout, on behalf of the city.

Address of Welcome, Pres. D. Simmons of Kings County Society, on behalf of the physicians of the city.

Opening Remarks, Pres. Wm. M. Butler.

Minutes of the last meeting.

Miscellaneous business.

10.40 A.M. Special Address, The Homœopathic Medical Society of the State of New York, 1851-1901. Horace M. Paine, New York, N. Y.

11 A.M. Bureau of Clinical Medicine. Frank W. Adriance, Chairman.

Bureau Address, J. Willis Candee.

Three papers and discussions.

12.10 P.M. Bureau of Obstetrics. W. S. Garnsey, Chairman.

Bureau Address, L. L. Danforth.

Two papers and discussions.

#### FIRST DAY — AFTERNOON SESSION.

2.30 P.M. Special Address, Homœopathy Fifty Years Ago. Conrad Wesselhoeft, Boston, Mass.

2.50 P.M. Bureau of Neurology. John T. Greenleaf, Chairman.

Bureau Address, Selden H. Talcott.

Two papers and discussions.

- 3.50 P.M. Special Address, Homœopathy in the Twentieth Century.  
J. B. G. Custis, Washington, D. C.
- 4.10 P.M. Bureau of Surgery. Nathaniel Robinson, Chairman.  
Bureau Address, Dewitt G. Wilcox.  
Three papers and discussions.

## FIRST DAY — EVENING SESSION.

8. P.M. How to Promote the Cause of Homœopathy. Theodore Y. Kinne, Paterson, N. J.
- 8.20 P.M. Bureau of Materia Medica. Joseph T. Cook, Chairman.  
Bureau Address, George G. Shelton.  
Three papers and discussions.
- 9.30 P.M. Is the Separate Existence of the Homœopathic School Still a Necessity? James H. McClelland, Pittsburg, Pa.

*Thursday, October 4, 1900.*

## SECOND DAY — MORNING SESSION.

10. A.M. Special Address, Homœopathy in the Public Service. Benjamin F. Bailey, Lincoln, Neb.
- 10.20 A.M. Bureau of Gynecology. A. B. Van Loon, Chairman.  
Bureau Address, James M. Lee.  
Three papers and discussions.
- 11.30 A.M. Bureau of Ophthalmology and Otology. B. F. Seitz, Chairman.  
Bureau Address, Elmer J. Bissell.  
Two papers and discussions.
- 12.20 P.M. Bureau of Laryngology and Rhinology. C. E. Teets, Chairman.  
Bureau Address, Fred. D. Lewis.  
Two papers and discussions.

## SECOND DAY — AFTERNOON SESSION.

- 2.30 P.M. Special Address, Homœopathic Societies. Charles E. Walton, Cincinnati, Ohio.
- 2.50 P.M. Bureau of Pediatrics. F. W. Hamlin, Chairman.  
Bureau Address, L. A. Martin.  
Two papers and discussions.
- 3.50 P.M. Bureau of Public Health. C. A. Ward, Chairman.  
Bureau Address, John L. Moffat.  
Two papers and discussions.



7 P.M. Banquet at the Brooklyn Germania Club.

William Tod-Helmuth, M.D., LL.D., Toastmaster.

AT FLOWER HOSPITAL, NEW YORK,

63d Street and Eastern Boulevard.

*Friday, October 5, 1900.*

THIRD DAY — MORNING SESSION.

10 A.M. Surgical Clinics.

Drs. William Tod-Helmuth, New York City; Horace Packard, Boston, Mass.; and James Mallory Lee, Rochester, N. Y.

THIRD DAY — AFTERNOON SESSION.

*At Metropolitan Hospital, Blackwell's Island, New York.*

2.30 P.M. Medical Clinics.

Drs. Henry M. Dearborn, New York City, and Bukk G. Carleton, New York City.

Fraternally yours,

WILLIAM MORRIS BUTLER, M.D.,

*President.*

ALTON G. WARNER, M.D.,

*Chairman of the Jubilee Committee.*

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## GLEANINGS AND TRANSLATIONS.

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**HYPERTRICHOSIS.** — There are few chronic diseases that give rise to more real discomfort than this cosmetic defect. Numbers of doctors have almost piteous appeals from female patients on whom the development of a hirsute facial appendage is a source of as much worriment as it would be of joy to their young male relatives. So many different methods have been employed for its removal in the past, and so many exaggerated claims made for each new method, and yet recurrence has been the rule, that the ordinary general practitioner is apt to doubt that there is really any effective last-

ing method of depilation, and so advises his patients against attempts at relief.

The electrolytic method of removing the superfluous hairs of trichiasis — the invention and practical development of which, by the way, we owe entirely to Americans — has been now before the profession nearly a quarter of a century. It has been generally adopted in Europe, and especially in Paris is used extensively and with the best satisfaction. "The question is often asked," says Dr. Jackson, in his "Manual of Skin Diseases,"<sup>1</sup> "Is the removal of the hair by this method permanent?" This question may be answered, "It is, without a shadow of a doubt." The answer has the advantage of being definitely decisive, something that is not always characteristic of therapeutic suggestions, especially in skin diseases. With the refinements in the use of the electrolytic needle that twenty-five years of practical experience with it has given, the depilation is now almost invariably successful from the beginning, and a new growth of hair afterwards is an anomalous irritative hyperplasia which is extremely rare, or a sign of failure to destroy the hair bulbs completely at first. The danger of scarring is also reduced to a minimum, and with reasonable care the cicatrization will never be more than the minutest points on the skin, and seldom will be noticeable at all. There would really seem to be very little reason, any more, for sensitive people to suffer the discomfort they usually do because of the persistent presence of this undesirable hirsute adornment.

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## ITEMS OF INTEREST.

THE ROUSCHENBERG DISINFECTOR. — Our readers will perhaps recall mention made in this column, in our June number, of the Rouschenberg deodorizer. A larger size

<sup>1</sup> From advanced sheets of the third edition of "Jackson on Diseases of the Skin."—Lea Brothers & Co., Publishers.

(the No. 2), for disinfecting purposes, is now on the market, having a capacity for disinfecting 4,000 cubic feet, while the small size (No. 1) will only disinfect 500 cubic feet, although it will deodorize 50,000 cubic feet. Price of the No. 2 is \$3.20. Sold by Otis Clapp & Son.

A NEW DEPARTMENT. — Realizing the importance of modern scientific methods, both as an aid to the physician in diagnosis, and as a means of insuring accuracy and uni-



formity in all preparations designed for the use of physicians, Messrs. Otis Clapp & Son have recently established a new analytical and experimental laboratory, intended to further these laudable objects. It will be under the management of Mr. Lowell T. Clapp, Ph. D., and all analyses, assays, etc., will be made under his personal supervision. The laboratory is equipped with the latest and most approved



appliances for analyzing all sorts of clinical specimens, also water, milk, butter, and other foods and food chemicals, wall paper for arsenic, etc.

Special attention will be given to analysis of the urine, the importance of which has been long since recognized by all the leading authorities. To quote Purdy<sup>1</sup>: "The accurate study of the urine has become one of the essential features in advanced clinical medicine. Indeed, through urinalysis alone can an almost daily increasing number of diseases be determined, their intensity be gauged, and their progress toward recovery, or their tendency toward a fatal termination, be predicted. While it is impossible to diagnosticate all diseases from the urine, it is, nevertheless, true that no serious disease can be in progress in the economy without giving rise to more or less marked changes in the character of the urine, and therefore we can no longer afford to exclude urinary analysis from the scientific investigation of any serious form of disease." Professor Ogden, of Harvard Medical School, says<sup>2</sup>: "Too much cannot be said regarding the importance of an *accurate* [italics ours] examination of the urine, —both chemic and microscopic,—for it is *by this means only* [italics ours] that the kidneys — whether healthy or diseased — and their capability for work can be definitely determined. Furthermore, by the correct interpretation of the results of modern methods of urinary analysis, the variations in the body metabolism — nutrition and waste — can also be determined, and such information is often of the greatest importance to the physician in judging of the diagnosis and prognosis of disease."

With the limited time at his disposal, it is seldom that the busy physician has the leisure to make a careful and *accurate* analysis of a specimen of urine, upon which such important results to his patient may depend. To such an one, the analytical laboratory will prove an acceptable and valuable adjunct in the war against disease, and special terms may be obtained should he desire to make this a regular feature of

<sup>1</sup> Practical Urinalysis and Urinary Diagnosis, fifth edition, p. 1.

<sup>2</sup> Clinical Examination of the Urine and Urinary Diagnosis, W. B. S. 1900, p. 19.

his work ; in other words, contracts may be made for a certain number of analyses within a given time, or by the month or year.

Arrangements have also been made for bacteriological examinations, such as sputum, urine or milk for tubercular bacilli, blood for Widal's typhoid reaction, pus for gonococci, etc. For those who desire to do their own work, all kinds of reagents and apparatus will be supplied, and stains of every description will be prepared to order.

Not the least important object of the laboratory is that of testing and standardizing all preparations which are made in the general laboratories of Messrs Otis Clapp & Son. Tinctures made by different processes and from different parts of plants have been tested and compared, and the amount of alkaloid or active principle determined. Pharmaceutical preparations are standardized and the highest degree of excellence in pharmaceutical processes is aimed at. Taking it altogether, we think the medical profession is to be congratulated upon the inauguration of this new department which offers such superior facilities for aiding the physician both by assisting him in that most important function, diagnosis, and by supplying him with standard and reliable medicines for administration to his patients.

**SUB Q. SYRINGES.** — In these days of surgical asepsis, a syringe which does away with leather packing and closed metal parts, must, we think, prove acceptable. Such syringes, constructed entirely of glass, except the needle, and having a superior asbestos packing, have been lately placed upon the market. They can be obtained of Otis Clapp & Son, in 30 and 60 minim size for hypodermic use, and in larger sizes for administering antitoxine. If desired, they can be supplied with metric graduations instead of English.

**QUILTED BRUSHES IN SURGERY.** — For some time the surgeons of the Massachusetts Homœopathic Hospital have been employing quilted brushes in rendering both the field of operation and the hands of the operator aseptic. They

express themselves enthusiastically upon the value of the brush for this purpose. The hair being coiled and quilted upon the flexible foundation of the brush, it is formed into little loops which scrape off dirt and septic matter much better than straight bristle brushes possibly can. Another



advantage is that more force can be applied, as the loops only scrape the harder; while in an ordinary brush, the bristles flatten down when force is used, and merely slide over the dirt.

WHEN THE COLLEGE IS HURTFUL. — In an article in *The Ladies' Home Journal*, entitled "When the College Is Hurtful to a Girl," Dr. S. Weir Mitchell says: —

"If you want to see ill-dressed people, the worst are women doctors, platform women, college professors (men) and the folks generally who are overvaluers of learning. In the effort to dress the mind, I pray you not to forget the body. I never saw a professional woman who had not lost some charm. There comes a little hardness, less thought as to how prettily to do or say things; affected plainness of dress — something goes. It seems to me a duty for men and women to seem as well as to be gracious in dress and manner. Are the women who become learned necessarily in peril of partial loss of what makes the social life agreeable? I do not know. American men are the worst dressed in the world, and I do not want to see our women fall away as to this because they are too intent on mere learning. As to all these matters I may be talking folly; I do think there are some such risks."

AN "ABSENT-MINDED BEGGAR." — *The Canadian Journal of Medicine and Surgery* for June tells the following story of Sir William MacCormac, the president of the Royal College of Surgeons: Often,



to save time when studying in his laboratory, he used to have a light lunch served there. Once his assistant heard him sigh heavily, and, looking up, saw the doctor glaring at two glass receptacles on his table. "What is the matter, doctor?" he was asked. "Nothing in particular," was the reply; "only I am uncertain whether I drank the beef tea or that compound I have been working on."

THE RESTRICTION OF MARRIAGE IN FRANCE. — According to *The New York Times* for July, the French Academy of Medicine has approved the proposition of Dr. Cazallas that persons must be medically approved before they can legally contract marriage. A committee has been appointed to report to the Chambers with a view to legislate on this matter.

PEDIATRICS, — TYPHOID BACILLI IN THE URINE OF TYPHOID FEVER PATIENTS.

1. In quite a high percentage, perhaps from 20 to 30 per cent of all cases of typhoid fever, typhoid bacilli may be present in the urine.

2. When present they are usually in pure culture, often so numerous as to make the freshly-voided urine turbid, and may then be detected by a coverslip examination.

3. Appearing generally in the second and third week of illness, the organisms may persist for months or years, probably multiplying in the bladder, the urine being apparently a suitable medium for their growth.

4. Though often showing evidence of cystitis, or a marked renal involvement, the urine containing bacilli has usually only the characteristics of an ordinary febrile urine; the presence of bacilli has no prognostic importance, and their disappearance, or persistence without having induced local change is the rule.

5. Lastly, as shown by Richardson, irrigation of the bladder with bichloride of mercury and the internal administration of urotropin, a compound of ammonia and formaldehyde, seem to be safe methods of removing the bacilli; thirty or sixty grains of the latter quickly removing all bacilli in six cases. — *John Hopkins Hospital Bulletin*. — *Medical Review of Reviews*.

DEATHS FROM HEADACHE POWDERS AND OTHER QUACK NOSTRUMS. — The *Pennsylvania Medical Journal* for December, 1899, says edi-

torially that a number of instances of fatal results following the use of headache powders have, during the past few months, been noted in the lay press. While these cases have not all been verified, some deaths at least were undoubtedly due to the cause assigned. About a year ago a young woman of Philadelphia died a few hours after taking one of these powders, which, on subsequent examination, were found to consist of five grains of acetanilide, and the coroner's jury rendered a verdict to the effect that death was due to the poisonous action of this drug. In time a suit for damages was entered against the druggist from whom the headache powder had been purchased, and came to trial during the past month. The testimony of the prosecution as to the cause of death was not controverted by the defence, though it was shown that contributory influences were not wanting.

The defence rested on the fact that the preparation was a secret one, the nature of the contents unknown and liable to be changed by the manufacturer at any time, and that consequently the retail druggist could not be held responsible for selling the article without precaution as to its dangerous nature. The court, after hearing the testimony of the witnesses of the prosecution and that of the defendant, granted a non-suit on the ground that no negligence had been proved.

Upon this the *Journal* remarks, and we quite agree with it : —

“We believe this ruling to have been a just one under the circumstances, but that no redress is possible in the case does not appear so clearly. The manufacturers of proprietary, secret remedies, the ingredients of which are supposedly innocuous, should be held responsible for such disaster, and made to bear the consequences.”

HEMORRHOIDS ; THE GENERAL PRACTITIONER AND THE CHARLATAN.— J. W. J. Doyle, Philadelphia, makes a strong plea for the systematic examination of rectal patients by the family physician. Two cases are cited showing the injustice done to the patient by the failure of the physician to make an examination, and accepting the patient's diagnosis of piles. One patient complained of bleeding piles, irregular hemorrhages between menstrual periods, constipation and diarrhoea, and had been under the care of a physician for two or three years. Rectal examination revealed only a varicose condition of the hemorrhoidal veins and an unmistakable cancerous growth. The second patient knew that she had piles because several doctors had told her so without an examination ; besides, she said she had frequently to

push them inside the bowel ; examination revealed the existence of a fibroid polyp, but not any piles. Having decided from the history detailed by the patient that an examination is desirable, it should be made with the patient in Sims' position ; the vast majority of diseases within the rectum can be detected by the educated finger, the speculum not being required. A careful examination in connection with the history of the case as to pain, itching, sense of fulness, swelling and protrusion, bleeding, discharge, family history as to malignant disease, will place one in a position to make at least a fairly accurate diagnosis, and so keep the patient in the hands of an educated physician.

ABORTIVE TREATMENT NOT A MYTH. — “Dr. Edward H. M. Sell said that, looking back thirty years, the view was very interesting. About thirty years ago this very subject had been discussed in the Medical Society of the County of New York, and very nearly the same diversity of opinion had existed then. At that time the application of ice to the chest had been suggested, but the treatment had been very quickly abandoned. In those early days he had had the audacity at one meeting to speak of the ‘abortive treatment of pneumonia,’ and had been severely criticised because of his belief in such a possibility. It would seem that this was just as much questioned at the present time. Dr. Sell then referred to a severe case in which, by the use of small doses of tincture of aconite and the application of the very old-fashioned poultice, he had caused a subsidence of all the symptoms within twenty-four hours.”

The above is only one among a host of equally valuable therapeutic ideas which would long ago have become the common property of the whole profession, but for the division in its ranks, brought about, “in those early days,” by bigotry on one side and extravagance on the other. — *Medical Times, January, 1900.*

THE FOOT AND THE FOREARM. — In an editorial note, *The Indian Medical Record* for December 29, 1899, discussing the mischievous practice of the shoemaker's devices for making the woman's foot appear smaller than it really is, says that “the foot should be as long as the ulna, or chief bone of the forearm — that is, from the small head of the bone to be seen at the wrist to the point of the elbow should be the length of the foot. Where the forearm is too short



the foot will be found to be also too short ; where this is too long the foot will be too long. Most people are surprised that the foot should be as long as the forearm, and are inclined to dispute the fact till they prove it by experiment ; but an experiment will easily show that a straight line drawn from one point to another will appear a great deal longer than the same space filled by a line divided into curves."

#### A BACTERIOLOGICAL TRAGEDY.

A gay Bacillus, to gain his glory,  
Once gave a ball in a laboratory.  
The fête took place on a cover glass,  
Where vulgar germs could not harass.  
None but the cultured were invited  
(For microbe cliques are well united),  
And tightly closed the ballroom doors,  
To all the germs containing spores.  
The Staphylococci first arrived —  
To stand in groups they all contrived ;  
The Streptococci took great pains  
To seat themselves in graceful chains ;  
While somewhat late, and two by two,  
The Diplococci came into view.  
The Pneumococci, stern and haughty,  
Declared the Gonococci naughty,  
And would not care to stay at all  
If they were present at the ball.  
The ball began, the mirth ran high,  
With not one thought of danger nigh.  
Each germ enjoyed himself that night,  
With never a fear of the Phagocyte.  
'T was getting late (and some were " loaded " ),  
When a jar of formalin exploded,  
And drenched the happy dancing mass  
Who swarmed the fatal cover glass.

Not one survived, but perished all  
At this Bacteriologic Ball.

J. LEE HAGEDORN, M.D., Los Angeles,  
in *Southern California Practitioner*.

REVIEWS AND NOTICES OF BOOKS.

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DISEASES OF THE EYE. By Edward Nettleship, F.R.C.S., Ophthalmic Surgeon at St. Thomas Hospital, London; Surgeon to the Royal London (Moorfields) Ophthalmic Hospital.

Revised and edited by Wm. Campbell Posey, A.B., M.D. Ophthalmic Surgeon to the Howard and Epileptic Hospital, Philadelphia; Assistant Surgeon, Wills Eye Hospital; Fellow to the College of Physicians of Philadelphia; Associate Member of the American Ophthalmological Society, etc.

Sixth American from the sixth English edition, with supplement for color blindness and acuity of vision and hearing, by William Thompson, M.D., Emeritus Professor of Ophthalmology in the Jefferson Medical College of Philadelphia; with five colored plates and one hundred and ninety-eight engravings. Published by Lea Brothers & Co., Philadelphia and New York.

This work, although of English origin, has been adapted to the needs of American students and practitioners even more fully than former editions, and in its revision has been brought fully up to date. Special attention has been given to the methods of examination usually followed in this country, without materially altering the text bearing upon the different diseases of the eye. This feature of the work is what has made it so valuable to the student and given to it its worldwide popularity among the profession. A new and useful feature presented for the first time in collected form, is the law governing the visual tests for admission into public services of the United States. Altogether this work has no superior for the student, giving a condensed and comprehensive description of eye diseases and troubles nowhere else found.

TREATMENT OF FRACTURES. By Charles L. Scudder, M.D., Surgeon to the Massachusetts General Hospital, Out-Patient Department; Assistant in Clinical and Operative Surgery, Harvard Medical School, etc. Assisted by Frederic J. Cotton, M.D. With 585 illustrations. Philadelphia: W. B. Saunders, 1900. pp. 433. Price, \$4.50 net.

This book can be most highly recommended. It embodies what experience has shown to be the best in the treatment of fractures,

and the material is so presented that one can derive practical advantage therefrom.

Especial stress is placed upon the importance of an exact diagnosis combined with a thorough anatomical knowledge of the part involved. This necessitates a more frequent resort to anæsthesia in these cases and an intelligent interpretation of the skiagraphs. Too often, more consideration is given to the adjusting of a complicated fracture dressing than to the condition present. Dr. Scudder advocates mechanical simplicity. The dressing is more accurately applied and can readily be removed for frequent inspection of the part.

The various fractures are illustrated by tracings of the Röntgen rays. This constitutes one of the chief merits of this work, for "each tracing represents the combined interpretation of the plate made by skilled observers who were in every instance familiar with the clinical aspects of the case." Types of dressing are carefully described and clearly illustrated.

This work is a most excellent guide for the practitioner and student in the treatment of fractures. It is to be noted that with 433 pages there are 585 illustrations.

CYCLOPEDIA OF PRACTICAL MEDICINE AND SURGERY. A Concise Reference Book, Alphabetically Arranged, of Medicine, Surgery, Obstetrics, Materia Medica, Therapeutics, and the Various Specialties, with Particular Reference to Diagnosis and Treatment. Compiled under the Editorial Supervision of George M. Gould, A.M., M.D., Editor of *The Philadelphia Medical Journal*, etc., and Walter L. Pyle, A.M., M.D., Assistant Surgeon to Wills Eye Hospital. 73 Contributors. Quarto. Illustrated. Sheep or half dark green leather, \$10.00; thumb index, \$11.00; half Russia, thumb index, \$12.00. Philadelphia: P. Blakiston's Son & Co., 1900.

This work occupies a unique position in medical literature. The title of "Cyclopedia" should not mislead one into believing that this is a repetition of the old-style work, expensive, many volumed, too voluminous for reference, and justly to be condemned.

All of the seventy-three contributors are prominent authorities, and the editors have brought forth a most valuable and practical work. The method of presentation will appeal at once to the busy practitioner. There are one thousand double-columned quarto pages arranged alphabetically as to subjects, obviating the necessity for



an index. Each subject, whether it refers to a matter of practice or surgery, takes its place alphabetically in the book. The diagnosis and treatment of diseases is in every case the chief consideration, though a sufficiently extensive consideration is given to etiology, etc.

This work is rich in valuable information and unexcelled as a ready reference book.

"The Journal of Surgical Technology" is the title of a new periodical to be published monthly, beginning July 1, 1900. It will be devoted to the consideration of the technique of surgical procedures, at a subscription price of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the Technique Publishing Co., 404 East 14th St., New York City, N. Y., for sample copy.

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### PERSONAL.

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ONE THING TO REMEMBER is that Dr. Givens' Sanitarium at Stamford, Conn., is a good place to send patients who have nervous or mild mental diseases, or who need special treatment for drug or alcoholic addictions.

The location is on a hill overlooking Long Island Sound, and is one hour's ride from New York, with forty-two trains each way daily.

The sanitarium is arranged on the cottage plan, and is homelike, cheerful, and pleasant.

The rest treatment, massage, baths, electricity, faradic, galvanic, and static, are utilized.

This is a scientific, up-to-date institution.

DR. HELEN L. F. WRIGHT, class of '81, Boston University School of Medicine, will resume practice on or about October 1, at No. 201 Clarendon Street, Boston.

TO LET. — A fully appointed office, including telephone and attendance, in a prominent location on Boylston Street, near Copley Square, for morning hours. Address "V. Y. X.," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. LUCILLE A. JAMES, class of '97, Boston University School of Medicine, has removed her office from 222 West Newton Street, Boston, to 84 Dudley Street, Roxbury.

# THE NEW ENGLAND MEDICAL GAZETTE

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## COMMUNICATIONS.

### REPORT OF TWO CASES.

#### **First, an Old Fracture of the Patella. Second, a Case of Endothelioma of the Jaw.**

BY WINFIELD SMITH, M.D.

My reason for calling your attention to case one is twofold. First, I wish to demonstrate the proposition that operation and wiring of the patella is the best treatment in the ordinary case, and second that the complications of an old case must be many and unusual to prevent a good result from operation. It is astonishing to the surgeon who has wired patellæ as a routine practice to witness the wide diversity of opinion regarding the efficacy of the operation, and I would call your attention particularly to a paper by Dr. Charles A. Powers in the *Annals of Surgery* for July, 1898. Dr. Powers addressed letters to the members of the New York Surgical Society and of the Philadelphia Academy of Surgery asking as to the advisability of operating on recent simple fractures, the operation preferred, the number of cases operated with results, and the time at which, in average cases, a patient could resume daily life either with or without operation. Ninety answers were received from surgeons from all over the country, and the diversity of opinions and the differences in the methods of treatment is nothing less than confusing. The vast majority of the surgeons replying advised distinctly against operation, and the opinions expressed by two prominent surgeons of this city may be cited as showing what dangers are supposed to lurk in the operative treatment of this troublesome fracture. Dr. D. W. Cheever does not be-

lieve it wise to resort to operative interference in any case of recent simple fracture of the patella, and thinks the results of non-operative treatment in ordinary cases sufficiently good to warrant a continuance of this form of management. The non-operative cases resume daily life in about three months, patients wearing a guard splint.

Dr. G. W. Gay would operate in young or middle-aged patients who are in good health and obliged to earn a living. Has operated on several cases with satisfactory results. Both non-operated cases and those submitted to operation resume daily life at the end of three or four months. "I give you my conclusions based upon a moderate experience and a larger observation. It is not proved to my satisfaction that the operative cases are ultimately any better off than are those not subjected to operation. There are good and bad results from both methods of treatment. It is a safe operation, and the immediate result is first class in the large majority of cases, even if there be some suppuration, though I have never had infection. I have seen the fragments pulled apart at the end of four months, and the fracture do well under a second wiring."

Many other surgeons with wide experience in these cases, in fact the majority, it may be said, of those answering the questions, would use the posterior splint, adhesive strips, and even in many cases Malgaigne's hooks, the latter of which would seem to me little less than a form of barbarism.

Dr. C. K. Briddon would operate only in cases in which the distension of the joint interferes with the reasonable approximation of the surfaces.

Dr. O. H. Allis would operate in cases in which there is comminution with hemorrhage into the joint, also in single fractures with wide separation of the fragments.

In rebuttal of this, I wish to go on record as advising the operation in fairly healthy patients in every case of recent simple fracture of the patella in patients under fifty years of age. I do not believe that any one can tell when there is not effusion or hemorrhage into the joint, and have found invariably that the joint is filled with clot and blood in every recent



case in which I have performed the operation. There is no danger from sepsis at all commensurate with the discomfort and loss of general health which necessarily follows the long-continued confinement in bed, which is incident to the old method of treatment. Patients get about in a month or shortly after, and it seems to me that the bones are stronger and less liable to fracture from the presence of the wire with which they are co-aptated.

June 5, 1899.

*Case 1.* Mrs. G., aged twenty-five. On February 15, 1898, this patient slipped on the ice and fractured the right patella. There was a good deal of swelling and effusion, and the treatment consisted of strapping the fragments together as well as possible with adhesive plaster. In six days this dressing was removed and a plaster bandage applied, which, with the exception of three re-applications of the bandage, was kept on for thirteen weeks. After this confinement she began to get about on crutches until the second week in August, when she began to have more or less discomfort in the knee. The last day of September, 1898, she fell down stairs and fractured the band which held the fragments. Another plaster bandage was applied and similar treatment continued. It was then discovered that there was a wide separation of the fragments, and a thin band of fibrous tissue was the only connection between them.

The latter part of October or first of November, the leg was useless, as extension of the lower leg was impossible. An upright iron bar, reaching from the right side of the waist to the sole of her boot, was then applied and secured about the waist by a padded belt, and the means of locomotion were crutches and the other leg. On June 5, the separation of the fragments was over two inches, and I advised operation.

On July 20, 1899, the patient was operated on at the Massachusetts Homœopathic Hospital. The usual curved incision was made from one condyle of the femur to the other, the convexity of the curve being downward, and its lower margin about opposite the ligamentum patellæ. The flap was

reflected and the fibrous tissue intervening between the fragments was entirely removed, thus opening the joint. The fractured ends of the bone were sawn through horizontally for better adaptation, but it was found that the fragments could not be approximated nearer than one inch. The flap was reflected still more and the quadriceps extensor tendon was cut transversely down to the bone about two inches and a half above the upper fragment. This allowed the fragments to come together, except for half an inch, and close approximation was not possible until the ligamentum patellæ was cut through in its central portion down to the tubercle of the tibia. A large silver wire was then passed transversely through the upper fragment, and back in a similar manner through the lower. This brought the fragments in apposition and held them firmly together. The recovery was uneventful, the patient leaving the hospital August 25, 1899, since which time, although using extreme care to prevent further injury to the patella, she has been able to walk with ease and comfort.

*Case 2.* This case is reported for three reasons, — first, on account of the unusual symptoms and site of the disease; second, on account of the difficulties surrounding the diagnosis from the pathologist's standpoint; and third, from the excellent results following the application of an appliance to take the place of the part removed.

This patient, Mr. L., aged forty-five, had been suffering for a long time from a nervous disorder which was characterized by neurasthenia accompanied by marked aphasia. He came under Dr. Colby's care after having been under treatment by an eminent surgeon in Philadelphia. Dr. Colby sent him into the country for a few weeks, and after his return he came under my charge as a surgical case, on account of marked swelling in the right ramus of the lower jaw, and a sinus in the place of the right inferior wisdom tooth. This sinus was curetted at the hospital early in July, 1899, and this was followed later by cocainization and removal of a small bit of the mucous membrane and sub-mucous tissue about the margin of the sinus. Several pathologists were

given specimens for microscopical examination, and after a great deal of investigation and discussion it was decided that the patient was suffering from endothelioma, and removal of the right half of the lower jaw was advised. The difficulties in the way of arriving at this conclusion I can only mention, simply saying that Dr. Colby made the diagnosis only after the most patient investigation and experiment.

I have been much interested recently in one of the magazines in noting excerpts from an article by Dr. L. V. Soberlev concerning the theory of the endothelial new growths, in which he says: "The literature of endothelioma in general is very abundant, however, and every year this unsolved mystery of ontology excites more and more interest on the part of investigators. At the same time the views of these investigators on this subject seem to become more and more unanimous. Thus nearly all pathologists at the present time classify endothelioma as a separate variety of tumors belonging to the connective-tissue group, which are distinguished from sarcoma by certain morphological peculiarities, and also by their benign course. They are called endotheliomata because they originate in endotheliomatous tissues. The author contends that these tumors should be placed in a class of their own in the classification of new growths. On this point pathologists differ, inasmuch some — *e. g.*, His, Hertwig, Waldeyer, and Hinsberg — maintain that endothelium is derived embryologically from the same layers as epithelium, while others — *e. g.*, Letulle, Ranvier, Marchand, and Roloff — stand for the theory that endothelium is derived from connective-tissue cells."

On July 28, 1899, an incision was made from the middle of the margin of the lower lip to the point of the chin. From this point the incision was continued at right angles along the border of the jaw to the junction of the ramus, and then upward about an inch along the posterior border of the same. The posterior portion of the incision was made as short as possible to avoid cutting the branch of the facial nerve which runs obliquely upward across the face and supplies the lower eyelid. The whole flap included between these incisions was



then dissected from the jaw and reflected upward, after which the periosteum covering the bone, both externally and internally, was reflected back to the angle of the jaw. The right lower central incisor tooth was then extracted and the jaw divided at the symphysis with a chain saw. The removal of the bone, as shown in the specimen, was easy, although the ramus was thickened to many times its normal size. The soft tissues were approximated with a buried catgut suture, and the lines of the incision both within and without the mouth were joined with catgut and silkworm gut. The wound healed kindly.

At my request, Dr. Freeman, a dentist of this city, undertook to substitute an artificial jaw and teeth for the part removed, and succeeded admirably. I will say in justice to him that this was the first time, according to rather extensive researches in medical, surgical, and dental literature, that this feat has been successfully accomplished.

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## THE COLLECTION AND BACTERIOLOGICAL EXAMINATION OF AIR UNDER DIFFERENT SYSTEMS OF VENTILATION.

BY J. ARNOLD ROCKWELL, JR., M.D.

The subject "ventilation" is a very comprehensive one. It embraces many branches which to the casual observer might seem foreign to it. The purpose of this paper is to present one single branch only of the subject, namely, the living microscopical elements in air.

Since the advent of bacteriology much attention has been paid to the analysis of air for the purpose of detecting and of demonstrating the presence in air of microorganisms. It is a well-known fact that bacteria are normally present in ordinary air, and that the dust from the dried-up layers of the soil is teeming with microscopical organisms.

The analyses of the air of cities have shown the presence of such organisms in abnormal numbers, and have consequently resulted in a renewed interest in ventilation. No

public building to-day, whether it be state house, city hall, church, theatre, or library, but what is equipped with one or other more or less elaborate appliances for introducing purified air throughout the building, and this as an essential part of its plan of construction. The fundamental features of such mechanical appliances are the forcing into the building of outside air by means of fans and the filtering of such air as it is introduced and before its distribution throughout the building.

The experiments which I shall presently describe were undertaken to ascertain the actual value from this point of view of mechanical filtration and ventilation. Since these organisms for the most part come from the dust of the city streets, and under ordinary conditions are carried into our houses and public buildings, the regular and systematic watering of streets to keep such dust from mixing with the air becomes therefore a matter quite as important for public health as for public comfort.

A brief consideration of the history of air analyses from a microscopical standpoint, and description of apparatus used in earlier experimentations, will clearly demonstrate the successive stages through which all research work must pass in order to attain a high standard of excellence and accuracy.

Dr. Huxham, of Plymouth, England, in 1727, in treating of "Observations of Air and Epidemic Diseases," speaks of the strange affinity of epidemic disease to cattle and mankind. He adds: "For as this kind of animal is most commonly exposed to the open air it must necessarily be subject to the noxious qualities of the atmosphere, not only by breathing in the polluted air and perhaps imbibing it by the pores of the skin, but by drinking water and eating grass they suck up the condensed atmosphere in the form of dew with all its morbid particles." Further on he says: "I have several times noticed epidemic fevers greatly abate, both as to number and violence, after storms and heavy rains, the contagious effluvia and morbid congestions of the atmosphere being this way dispersed."

Pasteur, forty years ago, was the first to demonstrate the

presence of bacteria in ordinary air. His method was the aspirating air through gun cotton contained in a glass tube. He then dissolved the gun cotton in alcohol and by subsequent examination under the microscope he demonstrated the presence of various microorganisms.

Tyndall, in 1869, demonstrated the fact that particles of dust in the air acted as carriers of bacteria, and that in a closed receptacle all the suspended particles are after a time deposited on the floor of the closed air chamber.

Systematic methods of air analyses were first adopted by Maddox in 1870, and by Cunningham in 1873, who used an aëroscope. Currents of air were forced through a cylindrical tube fitted with a funnel-shaped partition through which a fine stream of air was forced to impinge directly upon a glass slide covered with a mixture of glycerine and glucose. This slide showed clearly the presence of microorganisms in air.

Cohn, Pasteur, and others employed a method by which a measured quantity of air was drawn through a culture liquid, which in turn was placed in an incubating oven for development. This method was incomplete, inasmuch as it failed to show all the possible varieties of bacteria that the air might contain. Then followed in order of time the well-known Petri-dish exposure method, which, however, has many disadvantages. Under favorable conditions a considerable number of suspended particles of matter would settle upon a gelatine-coated surface of glass, but not all of them. It would give simply a rough estimate of the microscopical organisms contained in the air. Gravity works very slowly upon such minute bodies, and draughts of air, however slight, in the neighborhood of the exposed plates would prevent the deposition of the lighter particles. The plates would collect and record, therefore, only a portion of these microscopical organisms. Moreover, no definite volume of air can thus be examined, — a matter of great importance.

Miquel passed a measured quantity of air through twenty-five centimetres of distilled water, and then distributed this twenty-five centimetres of water to thirty or forty tubes of bouillon. Some tubes yielded cultures and some did not.

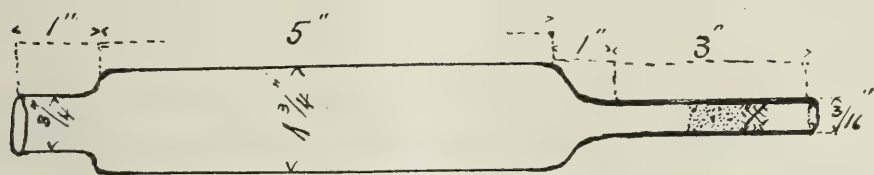


It was inferred that each culture originated from a single germ. From the number of tubes in which development occurred he estimated the number of germs present in the known quantity of air drawn through the water.

Straus and Würtz passed air by means of an aspirator through liquefied nutrient gelatine contained in a cylindrical-shaped tube. The gelatine foamed, however, upon the passing of a current of air through its substance.

Pasteur in later experiments forced his samples of air through asbestos filters which were washed out in liquid gelatine.

Sedgwick and Tucker in 1888 were the first to propose the use of a soluble filter of granulated sugar for the collection of atmospheric germs. Very little improvement has been made on this method, and very accurate results may be ob-



tained by it. I would, however, suggest the use of sand for a filtering substance rather than granulated sugar, for in testing the two filtering substances side by side it was found that in every instance the cultures on the sand and gelatine were more numerous than on the sugar gelatine plates. The following averages, taken from the results obtained by both methods, indicate apparently that the sand filter is to be preferred. Plates were exposed simultaneously under similar conditions, some with sugar dissolved in the gelatine and others pure gelatine.

Gelatine clear: bacteria, 195 (average); moulds, 4.5.

Sugar gelatine plates: bacteria, 20 (average); moulds, 4.5.

The apparatus which I used consisted of (1) the Sedgwick-Tucker aerobioscope slightly modified as to the length of the drawn-out  $\frac{3}{16}$ -inch tip, which contained the filtering substance. A small plug of fine copper mesh rolled up and put

into the tip served to prevent the sand being drawn through into the vacuum can. (2) A vacuum can of 28 litres' capacity, provided with stop cocks at either end, and a vacuum gauge placed near one end used as an aspirator; also the necessary rubber tubing and friction joint couplings. (3) An exhaust pump. (4) An half-inch L-shaped glass tube for transferring the melted gelatine from the test tube into the aërobioscope. (5) Sand, used as a filter, No. 60 (mesh) one inch in length. It is needless to add that necessary precautions connected with bacteriological technique were observed throughout, such as sterilization, planting of samples, etc.

The samples of air collected in each case were of ten litres. The method of taking the samples of air was as follows: Ten litres were exhausted from the 28-litre aspirator can by the vacuum pump, as registered by the vacuum gauge. The stop cock was turned, the air pump with its rubber attachment was removed and replaced by the sterilized aërobioscope with its proper connections, attaching it to the same ends of the vacuum can. At the same instant the cotton plug in the flared end of the aërobioscope was removed and the stop cock of the aspirator can opened. The action of the partial vacuum in the can drew a current of outer air through the aërobioscope until the vacuum gauge, by running down, showed that ten litres of outer air had passed through the aërobioscope and into the can. The sterilized cotton plug was replaced in the open end of the aërobioscope. The aërobioscope was detached from the can and that end was likewise closed with a sterilized cotton plug. The aërobioscope has caught in its filter and contains all the germs present in ten litres of the air to be tested.

The next step was to transfer to gelatine the germs collected in the sand filter. To effect this the aërobioscope was tilted so that the sand filter and its contents were all shaken down into the cylindrical portion of the aërobioscope. The plug at the larger end was removed and the melted gelatine poured into the cylindrical portion. The cotton plug was replaced. The aërobioscope was gently and carefully agitated until the gelatine and sand were uniformly mixed, care being

taken to insure a complete mixture. At the same time the motion was not so violent as to cause bubbles in the gelatine. When the mixture was perfect the tube was rapidly rotated in ice water until in perhaps half a minute the contents of the cylinder had solidified in an even film on the inner side of the aërobioscope. The tubes with the planted samples are then laid away in a dark place at the ordinary temperature to await development of germs if any be present.

The chance for error in the aërobioscope method is slight. When the sand is shaken into the cylindrical portion of the aërobioscope it does not necessarily come in contact with the entire inner surface of the drawn-out end in which the filtering substance is placed. Here a very slight error might arise in case some germ or germs failed to be carried into the cylindrical portion of the aërobioscope upon the transferring of the filtering substance. Again, when the culture medium, gelatine, is added to the sand, its introduction into the aërobioscope is not without some possible contamination, but sterile apparatus and good technique reduce the possibility of error to a minimum. With liquefying colonies great care must be taken to prevent their products of liquefaction from obscuring or inhibiting the growth of other colonies.

The planted samples of air should be examined several times a day, and if counts of colonies are taken each time, careful observation will prevent such error. The advantages of this method lie in the simplicity of the apparatus used. The aërobioscope is a single cylindrically shaped piece of glass easily sterilized and manipulated. The aspirator can and suction pump complete the outfit. The counting of colonies on the gelatine film lining the aërobioscope is simplified in proportion to the surface area, which in the Sedgwick-Tucker aërobioscope is ample for a ten-litre sample. By the division of the outer cylindrical surface of the aërobioscope into sections one inch square, the counting of colonies is further facilitated.

In the microscopical examination subsequent to the planting and developing of the samples of air collected, only



quantitative results were considered, the real object of the experiments being to prove or disprove the efficiency of the different systems of ventilation.

Among other buildings, theatres were visited, and the ventilating plants, when present, carefully examined. Two theatres were finally selected for carrying on experimentation. Theatre A, with a good mechanical system of ventilation, and Theatre B, where no regular system was present, save ordinary window ventilation. The tests lasted during two consecutive weeks, samples being taken at evening performances only.

*Theatre A.* The air supplying this theatre is drawn in through a shaft, extending from the roof to the basement of the building, by means of a large fan. From the bottom of the shaft the air is forced through a system of radiating flues, which distributes the air under the main floor of the theatre and in turn into the audience hall through a system of ventilating holes under the seats. In the roof of the theatre are several large ventilators through which the air makes its exit.

Samples of air were taken (1) at the bottom of the shaft ; (2) in the audience hall before the doors were open to the public ; (3) same as 2, but at the end of the second act ; (4) from the second balcony during the third act ; (5) same as 2, immediately after the entertainment.

*Theatre B.* There is no mechanical system of ventilation in this theatre. The air enters at will through most rudimentary ventilators, windows forming the principal means for obtaining the air. The dome of the theatre is provided with one large central ventilator and two small ones on the extreme right and left.

The locations selected for taking samples corresponded as far as possible with those selected in Theatre A : (1) from the level of the street ; (2) in the centre of the theatre before the doors were open to the public ; (3) in the aisle of the main floor at the end of the second act ; (4) at the top of the theatre overhanging the second balcony ; (5) the same as 3 at the close of the performance.

Although moulds were counted and tabulated in every sample of air taken, their consideration is of minor importance in this paper and will consequently be omitted. The following tabulated figures represent the number of individual colonies present in the samples of air taken. Only the mean, the extreme, and the average counts will be given.

## THEATRE A.

	INCOME.	BEFORE.	SECOND ACT.	TOP.	AFTER.
Mean.	6	2	5	8	13
Extreme.	25	7	27	15	73
Average.	15.3	4	17	10.6	42.6

## THEATRE B.

	INCOME.	BEFORE.	SECOND ACT.	TOP.	AFTER.
Mean.	10	4	23	25	48
Extreme.	31	26	105	54	364
Average.	22.6	11.6	65	37	165.6

The question of good management with reference to the "housekeeping" of theatres is an important point to be considered before drawing conclusions from the above table. There are, however, certain routine details, in taking care of a theatre, shared in common by theatre managers. Provided equal ability was present in these two instances, I think we are justified in making a point in favor of mechanical ventilation.

The amount of dirt introduced into the two buildings in question is practically the same; but by the action of the "forced draft" which is a constant factor in Theatre A, the suspended particles, instead of being allowed to settle night after night and thus accumulate, are carried out of the building by the constant upward current induced by the fans. The above averages show conclusively, then, the superior ventilative advantages of Theatre A over those of Theatre B. In every instance the analyses from Theatre A show a much purer condition of the air than is found in Theatre B.

## EXPERIMENTS AT BOSTON PUBLIC LIBRARY.

The Public Library was selected for air tests because of its modern and most complete ventilation plant.

The air is obtained from the ground level, but enters the building from the central grass court, which is sheltered from the streets by the walls of the library, and consequently is comparatively free from dust and germs. The air is next forced through two sets of filtration bags, one on either side of the main fan. Each bag is twenty-five feet long and two and a half feet in diameter; twelve bags constituting a set. The arrangement of the bags is as follows: The large ventilator flue, receiving air directly from the fans, is divided into twelve circular openings, each two and a half feet in diameter, by an iron frame, and into these openings the mouths of the bags are fitted. The bags are then held in place by being suspended along horizontal wires. The current of air produced by the fans is sufficient to force the air through these bags into the ventilative flues and in turn into the several halls of the library. At the top of the building is a fan which draws air from the building, and thus a constant stream of air is passing from the basement to the ventilator in the roof.

The following table represents only the mean, the extreme, and the average counts of colonies present:—

	UNFILTERED.	FILTERED.
Mean.	9	0
Extreme.	1450	5
Average.	138.2	2.7

The above figures are self-explanatory. The filter removes practically all the organic life contained in the air, as well as a great amount of dust and other suspended matter. There can be no question, then, as to the sanitary advantages of filtering the air before sending it into buildings.

Samples of air were also taken from Bates Hall, the head of the main stairway, in the lower corridor, and as it passes out of the building directly in front of the exit fan.

The following table shows a marked variation in the quality of the air in different parts of the building. A great source of contamination presents itself at the main entrance, where outside air enters from the constant opening of the doors.



	BATES HALL.	HEAD OF STAIRS.	LOWER CORRIDOR.	EXIT.
Mean.	2	4	199	19
Extreme.	43	214	313	35
Average.	15.8	105.3	256	26.6

It will be noticed from the above table that the air at the exit fan is quite a little higher in the microscopical composition than that in Bates Hall, but it must be remembered that in the samples collected at the exit we have combined air from all parts of the library.

One thing is certain, however, that the plant cannot be utilized to its best advantage until some arrangement can be made by which less contamination is introduced at the entrance to the building. However, one can easily see that the filtration of air is an improvement over unfiltered air; and here again the mechanical effect of a forced current passing through the building is well illustrated in the analysis of the air taken at its exit from the building, the suspended matter in considerable quantities being carried from the building.

It is clearly shown in the foregoing experiments and tables that bacteria exist in the disturbed air of rooms and in the air upon the streets. The great question to be considered is, Is it essential that such great precautions should be followed out in connection with the ventilation of buildings to insure good health and immunity from disease? That germs are present in air is very evident, and it all rests with the individual whether he is going to run the risk of infection from pathogenic germs or take the necessary precautions to avoid them.

You ask, Are pathogenic germs found in these cultures? Do they float about in the air of streets and buildings? No better proof can be offered in substantiating an affirmative reply than to briefly refer to the very exhaustive report of Harrison G. Dyar, Ph.D., of Columbia University.

In 1895 Dr. Dyar made the most complete qualitative tests yet published. His cultures were obtained by exposing Petri-dishes from one to five minutes in various locations in

New York City. His analyses demonstrated the presence of micrococci and bacilli; no spirillæ were found.

The micrococci were considerably predominant, but of a comparatively few species. Bacilli were less common, but more often of different species. In summoning up Dr. Dyar's experimentations, I find that twenty-four micrococci and forty-four bacilli were found in the air tests made. Without enumerating all these forms, I will simply mention the more virulent varieties:—

1. *Micrococcus pyogonese aurens* (staphylococcus).
2. *Micrococcus pyogonese albus*.
3. *Bacillus virescens* ("green diarrhœa").
4. *Bacillus typhi abdominalis*.
5. *Bacillus anthracis*.
6. *Bacillus diphtheriæ*.
7. *Diplococcus lanceolatus* (pneumonæ).
8. *Bacillus tuberculosis*.

Rubert Boyce, M.B., Assistant Professor of Pathology in the University of London, mentions the following diseases due to pathogenic germs occurring in the air of streets and buildings:—

- |                     |                  |
|---------------------|------------------|
| 1. Diphtheria.      | 5. Cholera.      |
| 2. Pneumonia.       | 6. Glanders.     |
| 3. Pleuropneumonia. | 7. Anthrax.      |
| 4. Typhoid fever.   | 8. Tuberculosis. |

This brief reference from such authorities is sufficient to convince one and all of the presence of pathogenic germs in air. The strong are not as susceptible to infection, but the weak undoubtedly suffer from the neglect of this essential to good health, namely, pure air, and from the standpoint of this paper, germ-free air.

An authority on bacteriology once said in a popular lecture: "Cutthroats, thieves, assassins, and impostors are daily walking our streets. Do we pass them by when sufficient evidence is present for their arrest? No! Should we disregard, then, the laws of health simply because of the relatively few pathogenic germs contained in air? No!"

## **RHUS TOX. SOME CONSIDERATIONS OF ITS VALUE IN OCULAR DISEASES.**

BY J. R. HINSON.

*[Read before the Boston Homœopathic Medical Society.]*

Rhus has a decided action upon fibrous, vascular and nerve tissue, skin, and mucous membrane. The eye having an outer fibrous, a middle vascular, and an inner nerve layer with a protective covering of skin and mucous membrane, and Rhus acting decidedly upon all these tissues, its field of usefulness in diseases of this organ should be, and is, a large one.

While every physician has a predilection for some remedy, it seems to me that Rhus is probably the most frequently indicated in diseases of the eye and contiguous structures, excluding those due to syphilitic infection. Its sphere of action ranges from an aggravated case of simple conjunctivitis to the most destructive case of orbital cellulitis and to inflammatory and suppurative processes of the iris, ciliary body, choroid, and retina. We find in Hull's "Jahr," one of the oldest works on symptomatology, the following symptoms: Eyeball feels sore when turning or pressing upon it; bruised pain in orbital bone; twitching and contractive sensation in the lids; cutting in eyes; difficulty in opening lid in morning; ophthalmia scrofulous and arthritic, the swelling closing the eye; inflammation, swelling, and agglutination of the lids; photophobia; sensation as of gauze before the eyes, which Norton notes "as of a veil."

Skin symptoms: Small, burning vesicles; burning, itching eruption, particularly on eyelids, etc., and small yellowish vesicles; also vesicles containing milky and watery fluid; red, shining swelling, with stinging, sore pain when touched; swelling of face, particularly eyelids, swelling followed by an eruption of vesicles filled with a yellowish liquid.

From other sources and from observation I have gathered the following: Rhus acts prominently upon mucous membrane, muscular and fibrous tissue, and nerve sheaths. Upon the skin its action extends from a slight erythema to the



gravest form of vesicular erysipelas. Upon *mucous membrane* Rhus acts similarly as upon the skin, affecting most powerfully the *conjunctiva*, which action we will note later. Cellular tissue becomes infiltrated with a serous exudate, continuing on to impairment of nutrition and abscess formation, in which respect Rhus differs from Apis, Apis *never* producing cellulitis with abscess; inflammation of the eyes and lids, with redness and nightly agglutination; eyelids œdematous or erysipelalous, with scattered vesicles; heaviness and stiffness of lids as if paralyzed. Having given this outline of conditions caused by Rhus, I will endeavor to make some clinical applications which may prove of value.

We will consider, *first*, the conditions known in text-books as phlyctenular conjunctivitis and keratitis, or inflammation of the cornea. For convenience we will include them under the general term *phlyctenular ophthalmia*. In its incipency this disease is a *vesicular* inflammation of the conjunctiva, which is a *mucous* membrane, and the distinction is merely one of location, the superficial epithelial layer of the cornea being practically a continuation of the conjunctiva. I recognize three varieties as regards the location of vesicles, in all of which Rhus is indicated if the following symptoms are present: Swelling and redness of lids, especially the upper; lids spasmodically closed; intense photophobia, patient burying face. Upon opening the spasmodically closed lids there will be a gush of hot tears and mucus or muco-pus. The conjunctiva will be found echemosed or swollen and congested, with engorgement of vessels. In a considerable percentage of cases there will be a vesicular eruption and a scalded eczematous condition of adjacent skin surfaces, even extending well down on to cheek and upward on to forehead. A similar condition may be present around the nails. Pain is generally neuralgic and worse at night. If *vesicle* or resultant ulcer is on the cornea, which is usually the case when the above aggravated symptoms are present, there will be a leash of vessels extending from corneal periphery to the foci of disease. A *second* form is that in which we have a row of vesicles, or minute depressions caused by the breaking down of vesicles, extend-

ing for a greater or less distance around the corneal periphery. In this variety the general and local disturbance is less decided, and we find the mercuries better adapted, possibly the Merc. dulc. more frequently than the other preparations. *Third*, the vesicle or ulcer is situated in the ocular conjunctiva. These cases have a minimum amount of pain and discomfort, in some instances a nightly agglutination of lids being all that is complained of. It is in this form that Puls. finds its field of usefulness. There is a class of cases in which I wish specially to emphasize the value of *Rhus*, namely, in old injured eyes. We all meet cases in which an eye has been injured, months or years previously, either by blow, puncture, accidental or operative cuts, perforating ulcer, etc., in which the sight may be partially or entirely destroyed, and which at times becomes inflamed, painful, and sensitive to pressure and motion. The conjunctival vessels are engorged, together with circumscribed corneal injection, lacrymation with or without photophobia. In such cases *Rhus* is a most valuable remedy and seldom fails to relieve. It is of equal or greater value in recent trauma, either accidental or operative, when the tendency is toward inflammation, suppuration, and destruction of eye.

In *disturbances of lacrymal duct and sac*, followed by abscess formation, with inflammation and induration of the overlying tissues of a dark red hue, *Rhus* is of use both before and after the artificial or *spontaneous* rupture of sac, particularly the latter.

In *orbital cellulitis* it is generally admitted that *Rhus* is the remedy, even with formation of pus, in contradistinction to *Apis*, and should always be prescribed if there are no distinctive indications for another remedy.

In *idiopathic and rheumatic iritis*, *Rhus* stands as the first remedy to be considered. It is, however, of little permanent value if disease is of syphilitic origin. Here we must rely upon the mercuries and iodides.

In *ptosis* or *dropping* of lid and other ocular palsies, it stands side by side with *Caust.*

There are numerous other ocular diseases in which *Rhus*

is of value, but it is the object of this paper merely to draw your attention to some of those conditions which the family physician is occasionally, if not frequently, called upon to meet.

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## TREATMENT OF CONVULSIONS. — GENERAL AND MEDICAL.

BY WILLIS M. TOWNSEND.

Among the more common diseases that physicians are called upon to treat, none occasion greater anxiety and but few if any are more dreaded by the average family than convulsions. In the course of ordinary diseases a child may be slightly ailing or extremely low, yet to the minds of the family he always might be worse unless convulsions set in, and then in their estimation his case is hopeless; and if perchance he recovers, thereupon, for once at least, the physician receives his share of praise, however grudgingly it may have been bestowed in other of his struggles with disease.

To the eyes of the young practitioner who is called to his first case a convulsion is not a pleasant sight, and he may well wish that this time of all others he had not been at home and that his neighboring brother had been called in his stead; but of one thing he is not aware, and that is, that of all physicians, "the doctor who cured my baby of convulsions" is the one to whom that family will cling through thick and through thin, for if he can do that he can cure anything that mortal man has power to conquer.

The one great maxim in the treatment of convulsions is *act*. Do something and make everybody around you do something, no matter what, as long as they are busy. Remember that a second's hesitation during the progress of a convulsion seems to them an hour, and that you are correspondingly blamed for needless and unwarrantable delay if, perchance, the result is unfavorable. For this reason, if for no other, act and keep acting. Try to appear cool and self-possessed whether you feel so or not, and if for the moment you cannot think what to do, make a pretense of busy prepa-



ration till your thoughts have had time to collect themselves, then act accordingly.

Convulsions of children — for to these our paper to-night is confined — divide themselves naturally into two classes,— *central* and *peripheral*; those derived from some organic lesion within the brain, and those whose origin depends upon peripheral irritation or reflex action. The treatment likewise divides itself into *immediate* (while the convulsion is in progress) and *constitutional*, to avoid or limit, as far as possible, their recurrence.

This class of cases cannot wait for the selected remedy to control the dyscrasia that may be of months' duration, and the physician, if he has any regard for his future standing in the community, cannot say, "Have patience; use no palliatives and we will bring your child out in better condition in the end." The spasms may last for hours if not interfered with, and finally result in death from congestion of the brain or rupture of some blood vessel. The family and popular opinion demand that speedy action be taken to control the immediate manifestation, and then we may proceed with our carefully selected remedy to rid the system of the cause. Hence we must proceed to stop, by all means that lie within our power, the convulsive attack that confronts us.

When called to a case we can usually obtain an abundance of hot water. Send one of the anxious friends to find anything large enough to hold the child, another to bring hot water, and another cold. If the bath room is of easy access the bath tub can be easily utilized. Meanwhile, be loosening all constricting bands about the child's throat and waist; remove the clothing, see that the bath is not too hot — a temperature of 96° or lukewarm is the best — and immerse the child to the neck. If fever be present use cool water instead. Personally I doubt if any material benefit is derived from the warm bath. It can, however, do no harm and has a most decidedly beneficial mental effect upon the anxious bystanders. Now we have done something, and the family feel that not a second has been wasted.

If the case is new to us, we have had, while acting as be-

fore stated, an opportunity to investigate the cause. Has he ever previously suffered from the same malady? Is he a victim of rachitis or has he ever suffered from epilepsy? Has the child been eating anything that is highly indigestible? Has he been badly troubled with intestinal worms? Are the bowels obstinately constipated? Has he been, or is he now, suffering from difficult dentition? If fever (marked) be present, has he been exposed to any contagious disease? Has he for any reason been violently angry, or, if nursing, has there been anything to seriously act upon the mother's milk? Find the cause, then you are in a position to act intelligently. Examine the child yourself. Take no one's word. An undiscovered splinter in the foot, a foreign body in the nostrils, a bean in the ear, may reveal the cause, and its removal complete the cure.

If we find that he has recently partaken of *indigestible* food, empty the stomach as soon as possible. Tickling the fauces is in many cases all sufficient to induce vomiting. If this does not succeed, a physiological dose of ipecac may help out, or better still, a mixture of equal parts alum and ipecac, if the child can swallow. If not, a hypodermic of apomorphia will soon produce the desired effect, and we shall soon see our little patient on the road to recovery. If, on the other hand, some hours have elapsed since the food was taken, do not wait for the emetic to have its effect. The substance undoubtedly has passed on into the intestines and our first duty should be to see that they are cleared as effectually as possible. Large enemata of soap and water are here our most effectual and speedy ally.

In case our patient is a baby, is he suffering from difficult dentition? Examine the gums and find out the degree. While most decidedly opposed to the all too common practice of indiscriminate lancing of the gums, I do most thoroughly believe that where we find the poor little sufferer's gums red, swollen, shiny, and withal covered by so tough a mucous membrane that the teeth seemingly cannot push or cut their way through, it is the duty of every physician who is interested for the welfare of his patients, and not a fanatic on

certain creeds, to lance the gums, relieve the tremendous pressure on those most sensitive nerve fibres, and allow the reflex storm to subside and his patient to progress with absolute freedom from future pain. It cannot do harm, it often does good. We get our convulsions in dentition not after the teeth have appeared, but during the time they are pushing their way through the last section of the supersensitive gums, and by incision we simply assist Nature in the work which sometimes, owing to the condition of the child, she finds so difficult to perform.

If none of these causes are present and the convulsion has not yielded while we are making our inquiries, the question is, What shall we do now? If the face is cyanotic and the blood evidently not having free access through the arteries or veins, our first care is to relieve this condition, and nothing will give us more speedy relief than a few whiffs of amyl nitrite. The dilatation of the blood vessels is quickly brought about, the pressure within the brain relieved, and reaction soon follows. Ten or fifteen drops on absorbent cotton and in a closely corked vial will retain its strength a long time, and, fitting in my medicine case, has more than once proved itself to me a veritable friend in need.

Now if our case does not present these characteristics and the muscular spasm still continues, pour ten (10) or twelve (12) drops of chloroform or a little more of ether on a handkerchief and hold closely over the child's nose and mouth. Almost instantly you will see the change. The stertorous breathing becomes more quiet and regular, and strong convulsive tremors soon begin to lose their strength and subside to slight twitchings, and soon these too pass away, and your child drops into a quiet slumber. The nerve storm has for a time been calmed and peace follows in its wake.

We may, however, be called to cases of more than usual severity which resist ordinary measures, and we may find them even seemingly impossible to control. If such be the case, the one thing we can almost invariably depend upon is chloral, and its effect takes but a short time to make itself manifest. Vogel states that even in the most violent and



protracted forms of the disease, with this remedy he is almost absolutely sure of prompt and lasting results. For a case of this severity, rectal enemata are preferable, and for a child a year old from five (5) to ten (10) grains in solution can be given and repeated if necessary in fifteen (15) minutes. If worst comes to worst and the child is even apparently dead, do not despair. Hare directs us to keep the child in a hot bath to keep up the bodily temperature, and by the use of artificial respiration and inhalation of oxygen, we may drive out the excess of carbonic acid gas from the system and again revive the flagging powers.

If our attack is the beginning of one of the exanthemata, the cause will almost certainly be the hyperpyrexia and its resulting effect upon the brain of the child, and in such cases, no matter what the disease, no less an authority than Hare states that the only thing to do at the time is to combat the pyrexia by cool baths, 80° to 85°, and lower if the convulsions are not controlled by baths at this temperature.

Such is the treatment, immediate if you call it so, for such cases as do not come under disorders of the brain. And now that we have our little patient out of the attack itself, the next move should be the remedy best adapted to prevent the tendency and recurrence which all such troubles have. Convulsions in such cases, if severe, are altogether too ready to produce congestion of the brain, and even suffocation from the continual spasm of the muscle concerned in breathing, for us to take any chances whatever as to whether or not they may return. If from past history or experience we know the tendency is towards a recurrence of the attack in a short time, our first effort should be so to control the reflexes that this may be avoided, and for this purpose the bromides of sodium or potassium may be employed.

And now a word in regard to the treatment of epilepsy, perhaps the most common cause of convulsions in poor, ill-nourished children. For the spasm itself the treatment has already been outlined. Care should be taken to protect the tongue by interposing, if possible, between the teeth, a cork or something firm yet soft, otherwise severe laceration may

result. In this disease especially does the nitrite of amyl play an important part, and one subject to such attacks should always go provided with the pearls and be instructed how to use them.

If crushed on a handkerchief and inhaled as soon as the aura is perceived, the attack will oftentimes be completely aborted; while if the attack is already in progress and the cyanotic appearance so often manifest is well marked, still it will probably cut short the cyanosis and favorably influence the length of the convulsion. Gower and Hare tell us that if a perceptible time elapses between the aura and the convulsion a tight band should be put around the limb above which the aura will not ascend. Ether and chloroform by inhalation and the hydrate of chloral per rectum can always be relied upon if more is needed.

With epilepsy, however, owing to the tendency of the convulsions to repeat themselves, other measures must be adopted, and those looking to hold the convulsive seizures in check while at the same time giving the indicated remedy to perfect the cure. Herein in my estimation lies a great fault with many homœopaths. They will select their indicated remedy, constantly keep it up, giving nothing to break up the convulsive *habit*, till finally discouraged and disheartened, their patients leave them to turn to doctors of the other school, and the homœopath mourns not only the loss of his patient, but also the fact that homœopathy was again deprived of the satisfaction of performing a permanent cure.

Now, instead of that, give your remedy, but give also enough of the bromides to lessen the frequency of the convulsions; while your cure is under way make your patient feel encouraged instead of discouraging him by the unpleasant fact that the convulsions do still return in spite of all you are doing. There is nothing in our principle that says we cannot or may not make our patient as comfortable as possible while yet the cure may be long delayed, and in no disease is immediate help more anxiously sought than in convulsions, during the progress of the treatment.

To stop the habit, doses of the bromides of sodium and

potassium mixed, or in many cases strontium bromide of from six (6) to fifteen (15) grains, depending upon the age of the child, given night and morning will suit the purpose.

As Pepper says, bromide does not remove the tendency, but does in a marked degree antagonize the action of such tendency.

Among the leading homœopathic remedies for the treatment of the disease are belladonna, cicuta, cocculus, indicus, hydrocymic acid, cuprum aceticum, and ornantha crocata.

Concerning the indications for each I will not weary you. You know them by heart.

Individualization should here, as elsewhere, be your key-notes, and you will rarely be disappointed by the result.

And now a word concerning our leading remedies for convulsions.

If from worms, *cina*, *stonnum*, *santonine*.

If from difficult dentition, nothing compares with *aconite* and *chamomilla*, the first if the child be feverish and restless, the second if nervous, irritable, wants to be carried. *Coffea* acts like *chamomilla*, and may be preferred if sleeplessness is troublesome. *Belladonna* if the convulsion is in progress. *Calc. carb.* and *phos.* if, owing to the depraved state of the system, the teeth are backward in coming and the child as a rule poorly nourished.

*Ignatia* will soon calm the excited nerves if the convulsions are due to fright.

In the convulsions of meningitis and the exanthemata, as well as in the summer complaints of children so often indicated by the flushed face and throbbing caratids, the muscular twitchings and sudden cry, *belladonna* is unsurpassed. *Cicuta* spasms consist of violent shocks of the head, arms, or legs, renewed from slightest touch, jarring of the bed, or slamming the door.

*Nux vomica*, if from indigestion.

*Cuprum* for the convulsions following a recession of the eruption in the exanthemata.

*Laurocerasus* if spasms of the throat, causing gasping for breath or cyanosis.



Such are some of the more important remedies for convulsions. Of their efficacy there is no room for doubt, and many are the cases where they have helped to spread the lessons which homœopathy teaches.

Even the old school have been obliged to recognize their value in this disease, and in the latest edition of Hare's valuable work on therapeutics we find mention of connum, cuprum, maschus, ignatia, santonine, and others, but, alas! no reference to the source from which they were derived.

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## THE IMPORTANCE OF EARLY RECOGNITION AND TREATMENT OF INSANITY.

BY GEORGE S. ADAMS, M.D.

It is well that the medical profession should recognize the tendency toward chronicity that exists in mental diseases, for it is a fact that out of every one hundred insane persons sent to an institution for treatment only twenty-five will ever fully recover, and of those recovering a portion will not remain well, but will have repeated attacks while life lasts; and, but for the fact that insanity is so frequently associated with other physical disorders, which makes the death rate in insane hospitals three times that of the general death rate, the insane population would increase much faster than it does at present, and the present rate of increase is known to be greater than the increase of population. The exact rate of increase for the whole country can only be determined when the United States census of 1900 is completed, for in 1890 the first complete census of the insane population of the country was made. Over the entire country there is a constant demand for additional accommodations for the insane, and the institutions are always more than filled. In our own state of Massachusetts the insane are increasing in number in the hospitals at the rate of more than three hundred per year, and one of the important subjects for the present state legislature to consider is, how best to provide for this con-

stantly increasing number that at the present time has filled our institutions to their full capacity.

My purpose is not to try to explain the various causes that are bringing about this unfortunate condition, but, with the above facts as an object lesson, to direct your attention to the importance of early treatment of insanity as one means of helping to prevent this accumulation of the insane in hospital and almshouse. It is true that organic lesions of the brain with accompanying insanity as in general paralysis are incurable, and also that cases with a bad heredity are usually fated to remain insane no matter how early treatment is begun; but there still remains a class of patients, larger or smaller as the case may be, who should respond under prompt hospital treatment when even a brief delay may mean chronicity.

I have examined the reports of the five Massachusetts insane hospitals for the last hospital year, and from the records of all the cases discharged ascertained the following facts. There were discharged, recovered from the five hospitals, 328 cases. Of these 144, or 42 per cent, had been insane less than one month before admission; 59, or 18 per cent, from one to three months; 34, or 10 per cent, from three to six months; from six months to twenty years there were 111, or 33 per cent, including in this all those whose duration was unknown. Nearly one half of the recovered cases were insane less than one month, and 60 per cent under three months' duration before admission to a hospital.

No further evidence of the value of early treatment of insanity is needed. I take it for granted that proper treatment is best obtained in an institution, public or private, because insanity is the one disease whose manifestations entirely unfit the sufferer for remaining with his family and friends, and because an entire change of environment is always of benefit.

The cases that receive the most prompt and therefore the most helpful treatment are those who by their extreme poverty can get no care at home. The causes for delay in securing early treatment are, first, the secretive disposition

of the individual. Nothing can be done to overcome this, and from this class come our certainly incurable cases.

Second, ignorance on the part of the family of the significance of the symptoms observed. The history of a patient recently admitted to the Westboro Hospital well illustrates this. Miss A., a young woman of twenty-five years, intelligent, well educated, and capable, had for some years filled a position requiring intense and continued mental application. In fact, she was overworking. The nervous strain first showed itself in a vague feeling or belief that some one was trying to secure her position, and relating this to her mother and sister, they accepted it as true, and sympathized with her. Later, what was first a feeling became a fixed belief, and she also thought that some one was following her home from her work, and again the family agreed with her, and only when too late called in medical advice, and learned to their sorrow that what they had received as facts were the unfounded conceptions of a tired brain. Again, even when the symptoms are properly recognized, a common belief exists that for a mild case it is unwise to send the patient away for treatment.

Third, the delay in securing treatment may be chargeable to the physician. The family physician must accept his share of the responsibility for deferring commitment until he has by repeated observations made the diagnosis of insanity easy, for his positively expressed opinion is usually accepted by the family and his advice followed.

I am not disposed to criticize him, for the early signs of insanity are not readily recognized or correctly interpreted without some experience, and until very recently very little instruction was given in medical schools, and the physician learned chiefly from experience after graduation, not always to the best good of his patient. However, instruction is better now, and clinical instruction is becoming common in many schools, and in the near future I believe that the ability to recognize a case of ordinary insanity from actual study of the common forms will be required of every student prior to graduation. Even the alienist is not always able to



at once correctly diagnose cases of insanity, and cases on the border line of insanity should not be obliged to wait until the physician is sure before receiving helpful treatment.

Physicians should be able to send such patients to a hospital for a certain time for diagnosis and advice. Massachusetts laws at present permit voluntary cases to be received, but the requirement that their board must be paid by themselves or friends prevents many from receiving treatment when treatment would be most beneficial. I believe that when the state of Massachusetts cares for all her insane, as seems likely to happen in the near future, a law should be enacted so that the border line cases may be admitted for a definite time for diagnosis without commitment and without having to come as private patients. Such a law with suitable safeguards against abuse of its design and with the willing coöperation of physicians would do something to prevent the increase of insanity, add to the happiness of the community, and be a true economy for the state.

#### DISCUSSION.

N. Emmons Paine, M.D.: I think Dr. Adams has stated the fact that insanity is more curable in hospitals than in homes, and that early treatment is advisable, so I will not say anything about that, but I will say something about the condition of people with insanity coming on. One of the first things to do, we will say, in the mania of melancholia is to obtain change, away from home, by travel. It is evident that a fair amount of rest and change not having brought about the desired result, the best thing to do is to send them to a hospital. The result of not doing this is, as you will read in the newspapers, suicide. These persons are depressed, and because of that trouble will commit suicide. It was only yesterday that one of my nurses called my attention to a lady and gentleman in front of the house. Her husband was walking up and down beside her. She was sitting on the curbstone, and would not move. Now I think it is obvious to everybody here that it would be better for such a

patient to go to the hospital. I know of an incurable case. The patient told her friends in a lucid interval while she was at home that if she ever had a recurrence of that terrible depression she wanted them to promise her now that they would send her back to the hospital. Now, she knew what she was about.

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## HOSPITAL MIDWIFERY.

BY HENRY EDWIN SPALDING, M.D.

The history of hospital midwifery is practically coeval with that of hospital surgery and medicine. Like hospital surgery in particular, it suffered from the lack of knowledge of the laws of hygiene, pathology, contagion, and bacteriology. For more than a century hospitals like the Dublin lying-in presented sad records of mortality which, compared with home treatment, makes us wonder that they were not summarily closed. But lying-in hospitals were not alone in this. If we except some few notable instances when puerperal fever swept like a death-blast through the wards, medicine and surgery showed equally bad results. Naturally, hospital terror attacked the people, and from it they have been slow to recover, and are to-day only in the stage of advanced convalescence.

Hospitals, however, had a mission. Through the darkness of necromancy, charlatanism, and empiricism they lived, but hardly moved, until their way was lighted by glimmering rays from experimentation. This was followed "in our day and generation" by the dawn of Listerism, the full day of antiseptics and asepsis with their luminary bacteriology. Now through better statistical results hospital surgery and hospital midwifery are losing their terrors, and are being recognized as offering the best possible results in their respective fields of work.

The time has not come, and probably never will come, when the expectant mother, in normal physical condition and with ample home comforts and conveniences, will not prefer domestic rather than hospital care. But there is a large

class, and the number is increasing, whose circumstances in life are such as to make home care impossible or inconvenient and unduly expensive. A very large portion of people in every city are compelled, from pecuniary or other reasons, to make the boarding-house their homes. In very few boarding-houses will a lady be allowed to remain during her term of confinement. The result is that she is compelled to return to her parental home, or to that of some obliging friend, or a house must be obtained and furnished, entailing heavy expense and a hasty and radical change of plans in living, unless she goes to the maternity.

There is a rapidly increasing number occupying apartments that are limited in accommodations to needs of the family under ordinary circumstances. There is room enough for the new member of the family when he arrives, but not for setting aside a suitable parturient chamber and accommodations for the nurse. Under these circumstances the maternity offers a happy solution of the difficulty. There is a third class, happily not numerous, but found in every community. I refer to the unmarried. The unfortunate woman, often "more sinned against than sinning," naturally wishes to hide her shame from home friends and acquaintances. In the maternity connected with the Massachusetts Homœopathic Hospital all patients are known and addressed as Mrs., hence even the seclusion of a private room is not necessary. She can go into the wards and, if discrete herself, it will not be known whether she is married or single.

There are other reasons more vital than utilitarian why the maternity may be the best place for confinement. There are cases where the safety and well-being of the patient demand prompt action, all needed appliances at hand, and plenty of help. It is by no means always a question of skill on the part of the accoucheur, but what opportunities he has for exercising his skill. However able a man may be, leave him without implements and assistants and his efforts will not avail. There is no branch of professional work so abounding in emergencies and critical conditions, anticipated or coming unheralded, as obstetrics. The unexpected will



sometimes happen, and the attending physician cannot escape the responsibilities of the hour. Frequently, however, the condition of the patient or histories of previous confinements forewarn of impending danger, — a deformed pelvis, pointing to a difficult delivery, perhaps a capital operation in surgery; a history of postpartum hemorrhages; the presence of some organic disease, perhaps of the heart; obstinate albuminuria, with its attending systemic poisoning, pointing to convulsions; in short, any disease that would be likely to increase the hazard of labor, and require prompt interference or prolonged and constant care of nurses and physicians. I am sure there have been cases in our maternity that went through complicated deliveries with results that would hardly have been possible at home. A brief reference to a few of these cases may illustrate.

Mrs. —. Multipara. Following her only previous delivery she had an alarming hemorrhage, which was with difficulty controlled, although she was delivered in a lying-in hospital. Officious friends urged her to remain at home during this confinement, but her appreciation of what her danger had been before, and the means used to save her life, led her to the homœopathic maternity. She was anæmic and weak. Delivery was accomplished without incident. Then immediately followed a most profuse hemorrhage. Kneading of the uterus, intrauterine douching with hot water and hot acetic acid and water, subcutaneous injections of ergot and brandy, submammary injections of normal saline solution were all used, but still the bleeding continued beyond the limit of safety. A careful examination discovered free arterial bleeding from the slightly lacerated cervix. Ligating these evidently abnormal blood vessels effectually stopped the hemorrhage. Doubtless several or all of these means of relief were of benefit, but it does not seem possible that they could have been used with sufficient promptness, especially the ligating of the arteries, with the conveniences and assistance available in an ordinary home.

Mrs. S. had a severe organic heart disease. Even moder-

ate exertion would induce a feeling of sinking faintness, with purple lips and nails. She was closely watched, and at the onset of pains cardiac stimulants were given. She could not lie down, hence was delivered in a semi-recumbent position. That she went through labor without incident, I believe, was largely due to the confidence she felt in the means used for her relief, as well as to the treatment itself.

Mrs. M. was sent to the maternity, having voided but four ounces of urine during the previous twenty-four hours; had slept little for four days; semi-conscious; severe pains in neck and occiput; constant distress under the sternum; frequent empty retching; could retain absolutely nothing in the stomach; even high enemas came away at once. Her physician, thoroughly competent to care for such a case, recognized her need of constant watching, and active measures of relief if she would escape convulsions. She could not have these in her home. In the maternity she was under the constant watch of a physician, while one measure of relief after another was tried. Internal medication, enemas, steam baths, hot-air baths, submammary injections of normal saline solution were successively used with no relief whatever, except from the submammary injections, and that but temporary. Then two quarts of normal saline solution were thrown into the abdominal cavity, with most happy results. This latter might have been done at home, but it would hardly have been justifiable to resort to this novel and, as far as known, untried method of treatment until other and recognized means had been tried and failed. To do this a physician should be in constant attendance, as was the case in the maternity.

The maternity department of the Massachusetts Homœopathic Hospital is supplying a long-felt want of the profession. It is not large, but has thus far met all demands upon it. Once during the past three months it became necessary to use temporary cots for the accommodation of waiting patients. But that was for but one or two nights. Had we a fund sufficient for maintaining all the free beds needed, the hospital would now have reached its limit. That this will

soon be the condition and other accommodations be required is very evident.

Last year there were one hundred and seventeen deliveries against sixty-eight the year before. Allowing the average length of time for each patient and the inevitable holding of private rooms vacant between the leaving of one patient and the arrival of the next, two hundred patients per year will tax the hospital to its utmost. The appointments of the house are good. The sanitary appliances have received special attention. The delivery room at the top of the house is, in construction and outfit, aseptically suitable for the most exacting surgical work. Should there be two patients in labor at the same time, as has happened, the examining room, which adjoins the delivery room, is used for one. Delivery is conducted under the most thorough aseptic conditions. Every one, whether on service or not, puts on a long white frock before entering the room. The patient is carefully prepared, as for a surgical operation. After delivery the mother is bathed, placed on a wheeled cot, and with the least possible disturbance taken by elevator to her room.

A large sunny room on the fourth floor is fitted out with all the needed appliances for a nursery. Here the babies are kept night and day, except as, at regular intervals, they are taken to their mothers to be nursed. One nurse is in charge of this room during the day, another at night. The advantages of this arrangement for both mother and child are apparent. The staff consists of three obstetricians, three assistant obstetricians, and two house physicians. Private patients are admitted to be cared for by members of the staff or by any physician who is a member of the Massachusetts Homœopathic Medical Society. This fact that others than members of the staff can bring their patients here and care for them seems not to be generally understood. The same and no other rules apply to them as to members of the staff. They have at their service all of the appliances and assistants the same as the staff. Their patients can have perfect seclusion and privacy if they



desire. Their orders will be carried out by the home physicians and nurses with perfect fidelity.

As in its short life the maternity has received the approving support of the profession, we believe that it will in the future continue to receive it in increasing degree as its character becomes better known and it extends its walls.

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TOBACCO AND BACTERIA. — According to a paragraph now going the rounds of lay journals, a new function has been discovered for the all-pervading microbe in imparting flavor to tobacco. Mr. Clarke Nuttall declares that the characteristic taste and smell of the leaf, the peculiar aroma which renders it grateful to the smoker's palate, are due entirely to the action of bacteria. The leaves when gathered are left for a certain time to dry and wither, after which they are stacked together to induce fermentation. It is in this process that the activities of the microbe come into play, for myriads of these organisms are evolved, converting by their action the decaying mass into the "fragrant weed" of commerce. A German bacteriologist, Dr. Suchsland, after diligent research, not only discovered the secret of the transformation, but succeeded in cultivating and transplanting its microscopic agents, and by introducing those taken from the finest West Indian weed into a heap of poor German tobacco actually converted it into leaf of a very high quality, which connoisseurs failed to trace to its lowly origin. In Florida, which has started tobacco culture on a large scale, and in 1897 exported 160,000,000 of "Havana" cigars, a special laboratory has been established for the investigation of the bacteria of tobacco. The question is asked whether they may not flourish on other leaves, and perhaps transform common cabbage into a smoker's ideal. — *Medical Times*.

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DR. W. BRYANT GUY, class of '99, Boston University School of Medicine, has located at No. 236 Dudley Street, Roxbury.

## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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GLASGOW, September 17, 1900.

EDITOR OF NEW ENGLAND MEDICAL GAZETTE:

*Dear Sir,* — As the outbreak of bubonic plague here in Glasgow has caused a considerable amount of interest in all English-speaking countries, a few notes from personal experience with the pathological aspects of the malady may here not be inappropriate. How the disease first came to the city is as yet unknown. About the middle of August a dock laborer named Molloy died of what was supposed to be pneumonia, and a wake was held at his house in one of the lowest parts of the city. A week later several of those who had been at this wake became sick and were suspected of having the plague in either its pneumonic or its bubonic form. Pathological and bacteriological investigations proved this suspicion to be correct. Immediately the most stringent sanitary precautions were taken, those who were sick were isolated in the fever hospital, all other attendants at the wake as well as all intimately associating with them were ordered to a house of detention, and the homes of the sick were thoroughly disinfected.

Thanks to the activity of the authorities in dealing with the cases from the start, there have been very few deaths. At present there are eighteen in the hospital, most of whom are convalescent, and about a hundred and fifteen in the house of detention, where each undergoes a medical examination twice a day. There has been quite an extensive use of the Haffkine serum, all the doctors and nurses in any way connected with the plague cases being inoculated. This, similarly to vaccination, causes a slight reaction, with a temperature of 100–101° F.

The pathological work has been performed entirely by Dr. Robert Muir, Professor of Pathology in Glasgow University, with two assistants, one of whom it was the good fortune of the writer to be.

Upon this the first appearance of the plague in Great Britain during the century, there was naturally much doubt as to its identity. Therefore in the first suspected case a thorough physical examination was made, and distinct enlargements of axillary and inguinal glands were discovered. With a sterile hypodermic syringe a small amount of fluid was obtained from one of these; part of this was injected into a guinea pig, the rest used for making cultures in agar and in bouillon. In twenty-four hours the cultures revealed the bacillus pestis in large numbers when examined under the microscope. After two days the guinea pig died; autopsy showed conditions very similar to those already found in the human victims. The inguinal glands were much enlarged within, one case beginning caseation; the cervical and mediastinal glands were in a similar condition, while the spleen was very hyperæmic. Bacilli were demonstrated in all these structures and in the blood; unusually well in the spleen, which seemed almost like a pure culture.

These organisms are short, oval rods with rounded ends about as wide but a little shorter than the bacillus typhosus. They are easily stained by dilute methylene violet, and possess in many instances the power of taking this stain more deeply at the extremities than in the centre, the so-called "bi-polar" appearance. Cultivated on agar at 37° C., the bacilli form circular whitish, semi-transparent colonies, while in bouillon long chains of the streptobacilli are seen. Solutions of five per cent carbolic or 1-1000 bichloride quickly destroy their virulence, but the greatest care is necessary in all manipulations.

In the later suspected cases of plague our results have, as might be expected, varied more or less, and at times been absolutely negative.

There has been but little excitement in the city, less so apparently than in London and other cities, for all seem to



have confidence that the board of health will speedily check the spread of the trouble and exterminate the disease.

Very respectfully yours,

100 Bothwell Street.

W. H. WATTERS, M.D.

Dr. Watters is Instructor in Microscopy in Boston University School of Medicine, making this the only American college represented here.

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### AN APPEAL.

We have the pleasure to be able to announce to our friends and members that our association, now duly chartered and incorporated according to law, has, in anticipation of this event, already succeeded in purchasing a suitable and salubrious piece of land of ten acres situated in Gross-Lichterfelde, for the purpose of erecting thereon a hospital.

Now, after overcoming an obstacle long in the way of the accomplishment of our object, we earnestly request all friends of homœopathy to assist us in our efforts by their material aid, in order that we may at length reach the cherished object of erecting a homœopathic hospital in the capital of the German Empire, and a refuge for all those who desire the blessings of our therapeutic method, and granting an opportunity to homœopathic physicians both for the purpose of teaching and learning.

Membership of our association may be attained by paying five marks annually or one hundred marks for a life membership. Subscriptions and contributions will be received by our treasurer, Mr. W. Ziesch, Berlin S. O., Bethanien — Ufer No. 8.

The trustees of the Berlin Homœopathic Hospital are : Dr. Windelband, chairman ; Dr. Burkhard, secretary ; Mr. Ziesch, treasurer ; W. Weymar, Muehlhausen ; H. Frenckel ; Mr. Seckt ; Dr. Kroener ; Mr. Hofmeister ; Mr. Bauer, Potsdam ; Dr. Borchmann ; Dr. Gisevius, Jr.

BERLIN, May, 1900.

The above is an appeal made by the homœopathic physi-

cians of Berlin to their American colleagues. Will other American homœopathic journals kindly publish this.

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### ITEMS OF INTEREST.

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THE OPERATIVE TREATMENT OF TYPHOID PERFORATION.  
— Keen, of Philadelphia, summarizes his views on the operative treatment of typhoid perforation as follows:—

1. The surgeon should be called in consultation the moment that any abdominal symptoms indicative of possible perforation are observed.
2. If it be possible to determine the existence of the pre-perforative stage, exploratory operation should be done under cocaine-anæsthesia before perforation, shock, and sepsis have occurred.
3. After perforation has occurred, operation should be done at the earliest possible moment, provided —
4. That we wait till the primary shock, if any be present, has subsided.
5. In a case of suspected but doubtful perforation, a small exploratory opening should be made under cocaine to determine the existence of a perforation, and if hospital facilities for a blood count and for immediate bacteriological observation exist, their aid should be invoked.
6. The operation should be done quickly, but thoroughly, and in accordance with the technique already indicated.
7. The profession at large must be aroused to the possibility of a cure in nearly, if not quite, one third of the cases of perforation, provided speedy surgical aid is invoked. — *Philadelphia Medical Journal*, November 4, 1899.

EXPERIMENTAL AND CLINICAL INVESTIGATION ON UROTRONIN. — A. Nicolaier,<sup>1</sup> Göttingen. Urotropin, or hexamethylenetetramin, is a colorless, odorless, readily soluble substance, which decomposes in the presence of acids into formaldehyd and ammonia. It is easily detected upon the addition of bromin water, when an orange-yellow precipitate is produced. Moderate doses (0.5 to 1) of this drug are tolerated by human beings almost indefinitely, and only when large doses (5.0 to 10.0) are taken for any length of time are disagreeable by-effects noticed. The urine of animals taking urotropin has a distinct formaldehyd odor, and undergoes

<sup>1</sup> *Zeitschrift für klinische Medicin*, Vol. XXXVIII, 1899.

slowly, if at all, ammoniacal fermentation. Experiments show that 0.02 gram of formaldehyd to the litre of urine is quite sufficient to inhibit microörganic development, and 0.19 gram per litre prevents it entirely.

Urotropin possesses not only this disinfecting property in the urine, but is aside from this a reliable diuretic, possessing apparently uric acid dissolving properties. A series of investigations and experiments show conclusively that urine containing the end products of urotropin decomposition possesses the property of dissolving not only deposits of uric acid, the acid urates, but also uric acid concretions. This action seems to be a specific one and not due to the diuretic properties alone. The author's experience prompts him to give urotropin the preference over salol, salicylates, sandal wood, etc., in the various affections of the urinary tract in which such remedies are indicated. Only in tubercular affections did he find it useless. The inflammatory diseases of the urinary tract require, as a rule, during the administration of this drug, no local treatment. It may be used as a prophylactic before and after instrumentation, and is given with great benefit in typhoid fever. Cases of phosphoturia have been greatly benefited by its administration.

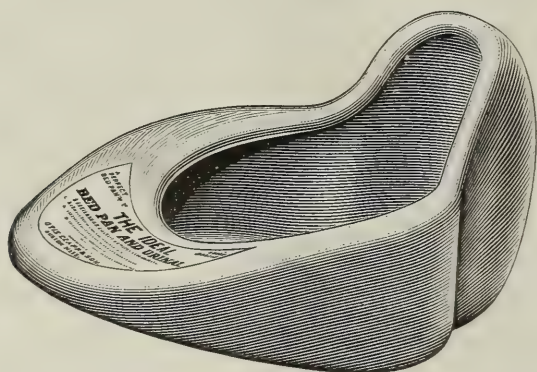
NAPHTHALIN FOR PINWORMS. — A. Borini (*Gaz. d. Osped e. d. Clin.*, 1900, No. 3) recommends the exhibition of 1.5 grams of naphthalin *pro die* for the treatment of pinworms. Protracted cases are cured in short order, and within a few days not even eggs of the oxyuris are any longer to be found in the stools. — *Medical Age*.

MARRIAGE OF FIRST COUSINS. — Mr. Jonathan Hutchinson says: "There is nothing likely to be prejudicial to offspring in a consanguineous marriage *per se*, but if there be in the family any definite tendency to such diseases as tuberculosis, cancer, or insanity, there is a risk that it may be intensified. On the other hand, if the family has a good life history, then there may be greater security in such a marriage than in one with a stranger whose antecedents may probably be less well known.



A NEW BED PAN. — The accompanying illustration represents the "Ideal Bed Pan and Urinal" which Messrs. Otis Clapp & Son have recently put upon the market. It was designed with the object of supplying a bed pan which should be cleanly, easy to place in position for use, comfortable to the patient, and at the same time protect the bedding from being wet.

It is made of a superior quality of white porcelain, and measures  $12\frac{1}{2}$  inches in length, 9 inches in width, and 7



inches in height, over all having a capacity of about three pints. It is light in weight, yet strong and durable, the parts which bear the most strain being made thicker than the rest.

As shown by cut, the shelf upon which the body of the patient rests is made in the shape of a depressed crescent, which is so proportioned as to fit the parts anatomically, taking the weight off of the backbone and placing it upon the buttocks. Being wedge-shaped, it is easy to place in position, which is of prime importance if the patient be unable to help himself, also more comfortable than one which raises the body higher. The bottom of the pan being flat and the legs resting upon the points of the crescent, it is kept level, — a decided improvement upon some older styles in which the weight of patient tips up the front end, thus lessening its capacity very materially.

But the greatest superiority of this bed pan over others, it seems to us, lies in the scoop-shaped projection in front, above the vessel, which serves to prevent water or urine

from splashing out of the pan. This feature is of special value to hospitals because of the saving in laundry work, every such accident necessitating a change of bedding. The crescent-shaped shelf upon which the body rests is far enough away from this projection to leave a space of five or six inches for the manipulation of douche tips, swabs, etc., so while not designed as a douche pan it is of sufficient capacity to be used in giving a small douche or enema.

We predict a large sale for this article, appealing as it does to physician, nurse, and patient, and congratulate the inventor upon the happy inspiration which led him to name it the "Ideal Bed Pan and Urinal," for it is indeed ideal in design, meeting all requirements. Price at retail is \$1.50, with a liberal discount to physicians and hospitals.

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## REVIEWS AND NOTICES OF BOOKS.

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INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT. By S. Baudry, M.D., Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M.D., of Philadelphia, Pa. Revised and edited by Charles A. Oliver, A.M., M.D., Attending Surgeon to the Wills Eye Hospital, Ophthalmic Surgeon to the Philadelphia Hospital, Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar.  $5\frac{5}{8} \times 7\frac{7}{8}$  inches. 1914-16 Cherry Street, Philadelphia: The F. A. Davis Company, Publishers. pp. x-161. Extra cloth, \$1.00, net.

Part I treats of Traumatic Lesions of the Ocular Adnexa, Part II taking up in detail Cornea, Sclera, Iris, Choroid, Ciliary, and Retina.

The author confines himself strictly to clinical history and prognoses, numerous illustrative cases being cited.

Part III: "Simulated or exaggerated affections of the eye" is handled clearly and concisely, and though not exhaustive, explains in detail some of the simpler methods of detecting malingerers.

Part IV defines a "Medical Expert," noting the strong tendency,

under the present system, to the rendering of a biased opinion ; and the importance of reform in this matter is pointed out. The work is to be especially commended for its bibliography, which is very complete and lends authority to the author's conclusions. It might be characterized as a summary of, and index to, the subject treated.

D. W. W.

**PRACTICAL URANALYSIS AND URINARY DIAGNOSIS.** A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL.D., M.D., Queens University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada, Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms, and Treatment." Fifth revised and enlarged edition. With numerous illustrations, including photo-engravings, colored plates, and tables for estimating total solids from specific gravity, chlorides, phosphates, sulphates, albumen, reaction of proteids, sugar, etc., in urine. 6 x 9 inches. 1914-16 Cherry Street, Philadelphia: F. A. Davis Company, Publishers. pp. xvi-406. Extra cloth, \$3.00, net.

Dr. Purdy certainly intends to keep up to date with the many editions of his work. We have but one criticism of this to make, which is that he refuses to recognize a two-part Fehling solution, which we consider one of the best for quantitative analysis of sugar. In most other up-to-date works on this subject this solution is given at least a place. Certainly in our estimation it is better than any other quantitative test solution for sugar, with the possible exception of Purdy's own reagent given in his work.

L. T. C.

**CLINICAL EXAMINATION OF THE URINE AND URINARY DIAGNOSIS.** A Clinical Guide for the Use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M.D., Instructor in Chemistry in Harvard University Medical School; Assistant in Clinical Pathology, Boston City Hospital; Medical Chemist to Carney Hospital; Visiting Chemist to Long Island Hospital, Boston. W. B. Saunders & Co. Price, \$3.00, net.

In his Preface, Dr. Ogden writes: "The design of this work is to present in as concise a manner as possible the chemistry of the urine and its relations to physiologic processes; the most approved working methods, both qualitative and quantitative, with diagnosis of diseases and disturbances of the kidneys and urinary passages," and he



seems to have succeeded in a very efficient manner. The arrangement of the book is excellent, and the work is one of the best we have seen.

L. T. C.

**MEDICAL DISEASES OF INFANCY AND CHILDHOOD.** By Dawson Williams, M.D., Physician to the East London Hospital for Children. New (second) edition. Specially revised for America by F. S. Churchill, A.B., M.D., Instructor in Diseases of Children, Rush Medical College. In one 8vo volume of 538 pages, with 52 illustrations and 2 colored plates. Philadelphia and New York: Lea Brothers & Co., Publishers. Price, cloth, \$3.50, net.

The popularity of the original English edition of this work in America has induced the publishers to present a second edition specially revised for American readers. This is in accord with the present status of American Pediatrics and conforms with the United States Pharmacopœia.

While this work is not an exhaustive treatise, it will be found to be fully adapted to the needs of practitioners, as well as students. It is clear, practical, and certainly authoritative, for its authors are eminently fitted for the preparation of a clinical text-book. The section on infant feeding by Dr. Churchill is especially valuable and modern. The number of interesting and instructive illustrations is another feature of the work.

**A MANUAL OF OPERATIVE SURGERY.** By Lewis A. Stimson, M.D., Surgeon to the New York and Hudson Street Hospitals, etc., and John Rogers, M.D., Surgeon of Gouverneur hospital, etc. Fourth and revised edition. Illustrated. Philadelphia: Lea Brothers & Co. 1900. Price, \$3.00.

The previous editions of this work have been so favorably received and widely used that it is perhaps unnecessary to do more than announce this fourth edition. The author has carefully revised the work, eliminating some of the older illustrations, adding new ones and bringing the subject matter in accord with the most recent advances in surgery. The condensation necessary in a book of this size makes it incomplete as a reference book, but as a manual it is perhaps unexcelled.

**CHRISTIAN SCIENCE.** An Exposition of Mrs. Eddy's Wonderful Discovery, including its Legal Aspects. A Plea for Children and other Helpless Sick. By William A. Purrington, Lecturer in the

University and Bellevue Hospital Medical College, and in the New York College of Dentistry, upon Law in Relation to Medical Practice, etc. New York: E. B. Treat & Co. 1900.

This work consists of a series of papers previously published in part in various magazines. The subjects are: 1. "Christian Science and its Legal Aspects." 2. "The Case against Christian Science." 3. "Manslaughter, Christian Science, and the Law." 4. "Christian Science before the Law." 5. "How Far can Legislation Aid in Maintaining a Proper Standard of Medical Education?" 6. "The Evolution of the Apothecary." Two appendices are added: "The Claims of Christian Science," and "Christian Science and the Law."

The author has exposed the absurdities and weak points of this cult in a thoroughly careful and logical way. He has not made a direct attack, but by arranging numerous quotations from authoritative sources he permits the reader to judge for himself from this indisputable evidence. Personal comment is very cleverly insinuated, making a thoroughly convincing argument for a reader of even ordinary intelligence.

The writer believes that every physician should own this volume. Very frequently patients or friends become strangely fascinated with the extravagant claims made by this class of charlatans. In the early stage of this disease the fascination is strengthened by two factors, — opposition, and absolute ignorance of what Christian Science really is. A careful reading of this book should constitute a cure for all the hopeless ones.

ATLAS AND EPITOME OF PATHOLOGIC HISTOLOGY. By Dr. Herman Dürk. Authorized translation from the German. Edited by Ludwig Hektoen, M.D., Professor of Pathology in Rush Medical College, Chicago. With 62 colored plates. Philadelphia: W. B. Saunders & Co. 1900. Price, \$3.00, net.

FRACTURES. By Carl Beck, M.D., Surgeon to St. Mark's Hospital and to the New York German Poliklinik. With an Appendix on the Practical Use of the Röntgen Rays. 178 illustrations. Philadelphia: W. B. Saunders & Co. 1900. Price, \$3.50, net.

It is a comprehensive treatise systematically arranged. The chief characteristic of the book is the general employment of the Röntgen ray for diagnosis and illustration. The numerous skiagrams are exact reproductions of photographic prints representing actual cases observed.

Dr. Beck has wisely avoided descriptions of complicated splints and dressings, and has made use only of simple appliances.

The chapter upon fractures of the upper extremity is especially good.

The appendix deals with a subject of which the ordinary practitioner is entirely ignorant, and treats it in an interesting though not exhaustive manner.

TRANSACTIONS OF STATE HOMŒOPATHIC SOCIETY OF PENNSYLVANIA  
FOR 1899.

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### REPRINTS AND MONOGRAPHS RECEIVED.

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Educational and Legislative Control of Tuberculosis. By Charles Denison, A.M., M.D.

Medicine as a Business Proposition. By G. Frank Lydston, M.D.

Aortic Regurgitation, with Remarks upon Flint's Murmur and Paroxysmal Sweating.

Acute Enlargement of the Thyroid Gland, with Report of Cases.

The Immediate and Remote Effects of Athletics upon the Heart and Circulation.

The Diagnosis of Chlorosis and Chloro-Anemia. By Alfred Stengel, M.D.

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### PERSONAL.

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DR. HARRY O. SPALDING, class of '97, Boston University School of Medicine, has purchased the practice of Dr. S. B. Elliot, and is now located at Jamaica Plain.

DR. SYLVIA McQUITTY WILSON, class of '93, Boston University School of Medicine, has removed from Pittsburg to Somerset, Pa. We wish her success in her new location.

DR. JOHN B. MURPHY has accepted a Professorship in Surgery and Clinical Surgery in the Northwestern University Medical School, Chicago Medical College. Dr. Murphy has been appointed Surgeon-in-Chief of Mercy Hospital, with the



direction of the surgical teaching in that hospital. He will give two clinics each week at the hospital. The hospital now contains two hundred and sixty beds with abundance of clinical material. A new amphitheatre with a seating capacity of three hundred is in progress of construction.

DR. FRANCIS H. MACCARTHY, class of 1900, Boston University School of Medicine, has opened an office at No. 39 Hancock Street, Boston, Dr. Frank E. Allard's old location.

DR. ARCHIBALD CHURCH has been recently appointed Professor of Nervous and Mental Diseases in Northwestern University Medical School, Chicago Medical College, and head of the Neurological Department.

DR. ANNE E. PERKINS, class of '97, Boston University School of Medicine, has moved from Dover, N. H., to Concord, N. H. (21 Centre Street), to take the practice of Dr. Maude Kent during the latter's year of rest.

W. B. SAUNDERS & COMPANY announce that they are about to establish a branch of their business in Great Britain. Mr. Saunders has recently spent several weeks in London, where all the arrangements preliminary to the opening of an English house have been completed.

This London branch will be operated in immediate connection with the home establishment, and the same methods that have been so successful in building up the business in this country will be employed in the conduct of this new branch.

The details of the various departments of the firm's affairs have now been developed to such a state of perfection that the house feels the time has come for extending its field of operations. For a number of years Saunders' books have been sold in England through the agency of a London publisher; and, although they have already met with remarkable favor, the house is confident that by applying to the English market the same policy that has proved so successful at home, the sale of its publications in Great Britain and her colonies can be enormously increased.

# THE NEW ENGLAND MEDICAL GAZETTE

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## COMMUNICATIONS.

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### THE VERTIGINOUS SYMPTOMS OF GRANATUM.

BY EDWARD P. COLBY, M.D., BOSTON.

[*Read before the Massachusetts Homœopathic Medical Society, October, 1900.*]

In these days it is refreshing to be asked for an article upon materia medica. I therefore gladly accepted the opportunity to say a very few words in this department. It seems to many that the fascination of diagnostics and pure pathology has gradually crowded the Cinderella, materia medica, quite out of society. I have selected one of our old remedies which has but a limited symptomatology, and has enjoyed only a curtailed sphere of usefulness.

Granatum has heretofore been used almost exclusively for the destruction and expulsion of tenia.

The symptomatology, although brief, is quite suggestive in its very marked vertiginous phenomena. Let us, therefore, at once look at this short list as found in our text-books and manuals. This review should consider not only the vertigo, but some few of its concomitant symptoms. We find vertigo with nausea and pain at the stomach; empty feeling in the head; painful heaviness in the head; sunken eyes; weakness of the sight; dilatation of the pupils; flushes of heat; ptyalism; frequent eructations and nausea; accumulation of water in the mouth; chilliness; wretched look; frequent diarrhœic stools; fainting spells; great

languor and weariness; trembling of the limbs; melancholy. There is, as you will see, a large percentage of the symptoms pointing to vertigo, or the kindred state of nausea. Undoubtedly you have recognized the entire lack of auditory symptoms. Where these are so decidedly absent in a drug of this nature, we are forced to the conclusion that it is the result of imperfect provings, and I am free to confess that I have made therapeutic use of this conclusion in a few instances, and with satisfactory results. Many reliable data would be furnished by a careful and scientific re-proving, having the prover strictly examined by a competent aurist, oculist, and neurologist before, during, and after the trial. We occasionally see a class of cases which remind us of this action of the drug. The patients, while practically free from pain, still suffer so seriously from vertigo that it is worse than pain; and I recall to my memory quite a goodly series of cases, occurring not very often but quite persistently, for many years one after the other, and I assume that my colleagues have had a like experience. The patient is practically confined to the bed, as any attempt to even sit up causes such severe vertigo as to be practically disabling. With this there is often nausea and occasionally vomiting. There is a sense of overpowering weakness, and when at the worst the whole surface of the body is moist and clammy with a cold perspiration. In some instances there are accompanying auditory symptoms, like ringing or roaring tinnitus; in others these phenomena are entirely wanting. Severe cases are really alarming, and the vertigo frightens the patient as much as it worries the physician. Heretofore our therapeutic efforts have been mostly confined to rest, selected diet, and such drugs as *cocculus*, *nux vomica*, *tabacum*, and perhaps *phytolacca*; or if by any possibility the hepatic function could be accused of being the original cause, remedies like *mercurius*, *chelidonium*, and agents supposed to influence the bile-producing function. In fact, it is not so long ago that the majority of such cases were labelled "bilious." Others were attributed to cerebral anemia. Time and the nature of the discussion do not permit that



we enter upon the pathology of the trouble, especially as the provings are too limited to establish a corresponding drug pathology. I can only say that in the majority of cases observed it is not at all evident that the liver or the bile-producing function have much to do with the origin of the attack. A most careful consideration of the remedial measures previously employed led to a decision that they overcame the trouble with but slightly greater rapidity than the slow, natural efforts of the *vis medicatrix naturæ*, and that some more efficacious means was much desired, and must exist. My experience with pomegranate bark or its active principle has probably been like that of most of you. When administered as a teniacide, the patient has for an hour or two been confined to the recumbent position by reason of the distressing vertigo, almost universally present while the drug was physiologically active. There is no other drug which causes vertigo so constant and so severe. We know that the vertigo is not caused by the tenia, as it has not existed to any extent previous to the administration of the drug, nor can it be from the irritation of the parasite, as it is not produced by other teniacides; therefore it must be from the action of the granatum.

Taking this as a therapeutic hint, I was led some two years ago to use granatum in cases of severe and persistent vertigo. Recollect it is in persistent vertigo, not in those fleeting vertigoes which are, or simulate, *petit mal*. The cases have been both in hospital and private practice and are too few to render them authoritative; but I can truly say that, as compared with previous experience, the results have been quite satisfactory. Of the patients, one had auditory phenomena well marked. Another had slight tinnitus and diminished bony transmission. Two had symptoms quite indicative of cerebellar disturbance, and one had symptoms of vascular cerebral trouble following surgical strain. If we could have a full and careful proving of the drug with scientific control, I am satisfied that we should establish its unfailing usefulness in a certain class of vertigoes. In the meantime we must abide by the existing insufficient record.

## REPORT OF A CASE OF INFECTION BY THE BACILLUS AEROGENES CAPSULATUS.

BY WINFIELD SMITH, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, October, 1900.*]

The reasons for the report of this case are threefold, — first, infection by the bacillus aerogenes capsulatus or gas bacillus is comparatively rare ; second, the bacillus has been known and studied but a short time ; and third, operation for the relief of the patient has been successful in but a few instances.

This bacillus was first studied and described by Dr. Welch of the Johns Hopkins Hospital in 1891, but was independently observed by Fraenkel in 1893. Since that time studies have been made and cases reported by Welch, Nuttall, Fraenkel, Flexner, P. Ernst, Levi, Bloodgood, Thorndike, Pratt, Fulton, and others.

The phenomena produced in human bodies by the gas bacillus have been at different times described by various writers under the titles "Phlegmonous Gangrene," "Malignant Œdema," "Emphysematous Cellulitis," "Gangrenous Emphysema," and "Emphysematous Gangrene." Koch discovered a bacillus which he claimed to be the cause of malignant Œdema, but the usual element in the production of gas within the tissues due to the development of a germ is the bacillus aerogenes capsulatus of Welch.

The following is a report of the case in question. R. P., aged eight, on Friday, July 13, fell from a tree and fractured both bones of the right forearm near their middle ; the fracture of the radius being compound and the superior fragment protruding through an opening about the middle of the forearm on its anterior and outer aspect. The fractured bones were replaced, the wound was cleansed very carefully, and a loose dressing was applied only firm enough to keep the parts in apposition. This was applied Friday evening and on Saturday morning the physician in attendance found the fingers cold, and at once loosened the bandages

to allow of better circulation. On the evening of Saturday the fingers were still apparently cut off from circulation and the hand was beginning to assume a darker hue. The bandages were again loosened, removing all obstruction, but on Sunday morning, in spite of all these efforts, the hand was black, swollen, and gangrenous in appearance. The temperature was  $103^{\circ}$  and the pulse 140. When I saw the case in the afternoon, the hand, forearm, and lower part of the arm were swollen to several times the normal size, and up to a line at the middle of the upper arm the color was nearly black. There were blebs, which will be mentioned later in the pathological report, and an odor was present of the foulest kind, sufficient not only to fill the room in which the patient was lying, but the entire floor of the house upon which the room was situated. Above the line of blackness there was an area about two inches long where the color faded to a mottled brown and finally a yellowish green color. On pressure at any point from the end of the fingers to the line of demarkation mentioned above, there was distinct crepitus, giving the sensation of air bubbles beneath the skin. The general condition of the boy was distinctly bad; there was a pinched, anxious expression of the face, the temperature was  $103^{\circ}$  and a fraction, the pulse still 140 and very weak, and he was in a semi-delirious state manifested by half-articular cries and an uncontrollable fretfulness.

The advance of the destructive process was so rapid that during the half-hour devoted to examination of the part and advising an operation the discoloration progressed very materially, and a tourniquet of rubber tubing was tightly wound around the arm as high as it could be placed. Amputation of the arm at the shoulder joint was offered as a possible measure of relief, with the understanding that the prognosis was distinctly bad, owing to the general septic condition of the patient, and the fact that the infection was due to the gas bacillus, the latter fact being so discouraging that the operation was done as a last resort, with the remote hope only of a possible success. The arm was removed very hurriedly, as the boy was doing badly under the anæsthetic,



so much so that when the capsular ligament was incised severe shock supervened and it seemed impossible that he could live to leave the table. The chief difficulty was lack of sufficient integument to cover the stump, and the deep sutures had to be drawn very tightly to approximate the edges of the wound.

The further progress of the case was uneventful, and the boy made a rapid recovery, which was uncomplicated except by the development of slight suppuration in the wound, the edges of which for a distance of perhaps three centimetres became black in color and had the appearance of the original infection. This was excised two days after the first operation, but unfortunately was not submitted to microscopical examination. From the macroscopical appearance I feel confident that it was suppurative and not infective in character.

This bacillus is said to be present in the soil and the dust of the street, and it is commonly found in the alimentary tract. It is not motile, and it is still a question as to how they are diffused through the body when not introduced into the vessels. Welch and Nuttall found them in large numbers in the lymphatics of the pericardium, and Ernst found them likewise in the lymphatics of the uterus.

The gas produced by this bacillus is described as not contained in the bacillus itself, but to be found in the tissues which surround the bacilli in their development. The gas is said to be composed as follows:  $H = 64$  per cent;  $CO_2 = 28$  per cent; residue, 8 per cent, is supposed to be  $N$ ; and when contained in a cavity like the peritoneum will escape on puncture with an explosive sound, or burn with a blue flame if ignited, as will be shown in the pathological report of this case.

In the work on "Pathological Technique," by Drs. Mallory and Wright, will be found the following description of this bacillus:—

Will not grow in the presence of oxygen.

*Morphology.* — Bacilli of about the thickness of the anthrax bacillus, variable in length, but usually from three to six mules long. Ends

rounded or square cut. Occurs singly, in pairs, in clumps, and sometimes in short chains, less frequently in threads and long chains.

May show unstained spots or deeply staining granules in the protoplasm. Capsules may be frequently demonstrated in the specimens from the tissues, and sometimes in agar-agar cultures.

Colonies in anaerobic cultures are grayish to brownish white, with a central darker spot by transmitted light. In time they may attain a diameter of 2 to 3 mm. or more. Colonies in the depths are spherical or oval, sometimes presenting knob-like or feathery projections.

*Effects on Animal Tissues.* — Not pathogenic for rabbits.

If a rabbit that has received 0.5 to 1 c.c. of a bouillon culture injected into the ear-vein be killed immediately afterward and the body kept for twenty-four hours at a temperature of 18° to 20° C., or for four to six hours at a temperature of 30° to 35° C., the vessels and organs will be found to contain a great quantity of gas and large numbers of the bacilli. The organism multiplies post-mortem in the blood of the animal and produces the gas. This effect upon the tissues of the dead animal is characteristic of the bacillus.

Gas-production is marked in agar-agar and gelatin cultures containing glucose. The gas produced burns with a blue flame and is odorless.

Gelatin is liquefied slowly and to a limited extent.

*Glucose Bouillon.* — Diffusely clouded at first, later becoming clearer, with an abundant whitish, more or less viscid sediment.

*Milk.* — Coagulated, the clot being firm, retracted, and furrowed with the marks of gas bubbles.

*Potato.* — Growth thin, moist, and grayish white, or it may not be visible.

The bacillus is stained by Gram's method. It does not form spores.

The vitality of the organism depends upon the character of the culture medium and the mode of cultivation. It survives longer when cultivated by Buchner's method than when cultivated under hydrogen. Cultures on glucose media are shorter lived than those on plain media.

*Occurrence.* — Occurs at autopsies in which gas bubbles are present in the larger vessels, accompanied by the formation of numerous small cavities in the liver containing gas. It has been found also in emphysematous phlegmons, in puerperal sepsis, in peritonitis, and in other conditions.

The pathological report of this case is as follows:—

S.00 .458.

Gross. Specimen consists of a right arm from a boy about eight years of age, amputated at shoulder joint.

The entire forearm is of a greenish mottled appearance, looking like the skin of a mulatto. The skin of the upper

arm is a diffuse red; the upper border of the greenish discoloration merges into the redness of the upper arm. The skin is everywhere very tense and there are large bullæ scattered over the hand and forearm, ranging in size from .5 cm. to 10 or 11 cm. in size. The skin over a good part of the dorsum of the hand and fingers is raised up in one enormous bleb. The skin of the palm is also greatly distended, and here and there strips of skin have been peeled up from the underlying tissue. Upon palpation there is distinct crepitation of the fingers and arm as high up as the insertion of the deltoid. The emphysema is most marked, however, in the vicinity of a small linear wound, 2 cm. in length, situated near the middle of the anterior surface of the forearm on the radial side.

On pressure, gas bubbles can be expressed from this opening and a small amount of fluid, but there is no evidence of suppuration. Muscle tissue bulges into this opening upon removing the two sutures which close it. This muscle tissue is soft and pulpy. The bullæ contain a very small amount of clear, thin, blood-stained fluid.

There is apparently complete fracture of both bones of the forearm at a point 4 cm. below the elbow joint. Fragments are not displaced.

Cover-slip from the wound shows numerous large bacilli identical morphologically to the *bacillus aerogenes capsulatus*. They are also found in smaller numbers in the thin, blood-stained fluid expressed from one of the bullæ.

Cover-slip preparations from various parts of the arm show the same organisms.

Near the point of amputation the arm is encircled by a rubber tournique. A smear from the serous fluid in the subcutaneous tissue immediately below this shows some of the bacilli. The tissue here and there is slightly œdematous. The bones of the forearm are laid bare and the fractures are both complete, extending obliquely downward and forward. The ulnar is fractured at a point 2 cm. lower down than the radius. The muscle tissue in the vicinity of the wound is softened to a pulp-like mass; elsewhere normal in appear-



ance ; although cover-slip preparations show large numbers of gas bacilli. No other organisms found anywhere. The emphysema is almost entirely confined to the subcutaneous tissue.

Rabbit inoculated with 1 c.c. of bloody fluid from arm into ear vein ; more of the fluid, however, entered the subcutaneous tissues than the circulation. Animal chloroformed in five minutes ; left at room temperature twenty-four hours.

*Autopsy.* — Animal markedly distended ; eyes bulging. Subcutaneous tissues emphysematous. Gas from peritoneal cavity burns for a few seconds with a blue flame. No gas in blood vessels ; apparently a few small blebs in the liver.

Other viscera show nothing besides post-mortem changes.

Cover-slip preparations from blood and subcutaneous tissues show a goodly number of gas bacilli which stain by Gram. No other organism found. The bacilli vary in length and sometimes are found in pairs. Some have rounded ends ; sometimes a capsule can be demonstrated.

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## SURGERY IN GENERAL PRACTICE.

BY CARL CRISAND, M.D., WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, October 10, 1900.*]

The term "general practice," as ordinarily interpreted, conveys the idea that the general practitioner's everyday work is very commonplace indeed. He prescribes for snuffles, diarrhœa, and worms in babies ; the itch and pediculus capitis in school children ; he soothes the erratic nerves of hysterical women with ignatia, valerian, and other remedies, and throws a few gentle words into the bargain. Occasionally he treats a case of pneumonia, rheumatism, and a fever, or, in the charming stillness of the midnight hour, though weary in body and soul from the previous day's vexations, he ushers on to the stage of life a new aspirant for presidential honors or a woman's rights apostle.

Such is the humdrum life of a narrow-gauge general practitioner. The moment he sallies forth to do a little surgery, to treat the eye, ear, nose, or throat, the people, and some of his professional brethren (the multitudinous latter-day ologists) look on askance. The former think he is attempting what he knows nothing about, and the latter believe he is robbing them of a few specialist's fees.

Should the general practitioner be simply a medical distributing agent? I say emphatically No!

I would give the term "general practice" a broader and more exalted meaning. In mercantile life we expect to find a little of everything in a "general or department store," nor should that little be less good than what we find in a store which deals only in one class of merchandise. The various lines of goods in the department store may not, in fact cannot, be as fully represented as in the other store.

The general practitioner should be like the department store. His stock in trade should be the best in the medical market, and in good variety. He should be the most broad-minded and best informed of all physicians. He should be thoroughly up to date in physical diagnosis, materia medica, and general therapeutics; he should, in a word, be a good clinician. Why should he not also be a good surgeon?

I believe that a fair amount of surgical skill is quite as helpful and necessary to the general practitioner as almost any other acquirement, because every physician is at any time liable to be called upon to do, at least, minor surgical work.

General surgery, especially emergency surgery, is so close-woven into the routine work of the general practitioner that it is almost impossible for him to avoid it, and therefore it behooves him to be well prepared for it. And the more adaptability and skill he displays, the better results will he obtain. His confrères will send him more or less surgical work which they have not the nerve to undertake, and so he gradually may, almost unwittingly, become recognized as a skilful manipulator of the steel blade. Eventually his surgical work may so overbalance his general work that he will

drop the latter and be recognized as a full-fledged surgeon. Great oaks from little acorns grow, and great surgeons from little pill-dispensers grow in this wonderful march of progress.

Even though the general practitioner does some surgery or treats some of the diseases of the organs of special sense, there still remains enough of the more intricate work which he alone is competent to treat who devotes his entire time and energy to one particular specialty or even to one branch of a given specialty.

It must be a relief to the skilful surgeon-specialist not to be obliged to waste his valuable time on minor, and to him uninteresting, work; let the general practitioner do it.

Concurrent with this thought, I am pleased to find that Dr. N. W. Emerson is of the same opinion, for he says in the report of his "Surgical Clinics of the Massachusetts Homœopathic Hospital for Quarter ending March 31, 1900": "The establishment of smaller and suburban hospitals has developed many more operators in proportion to the whole profession than formerly, who operate much more extensively upon minor cases, which are thus less and less frequently sent to us; the general diagnostic horizon is enlarged, with the result that a constantly increasing proportion of the graver cases are referred to our hospital. This is satisfactory to the hospital staff, and we do not regret the difficulties of the unusual cases, provided we can be called in council early enough; this does not mean to imply that we consider ourselves more incapable of mistakes than others, only that larger experience ought to bring greater versatility in unusual conditions."

The field of surgery has developed and broadened out so rapidly and marvellously during the past decade or two that our most progressive surgeons in the largest cities are gradually drifting out of general surgery and into special lines, just as the general practitioner has been obliged to do. We have our orthopedic, gynæcological, rectal, genito-urinary, brain surgeons, etc.

We have a great many men (all more or less skilful) who pose as surgeons, but they are simply good general practi-



tioners with a special ability and liking for surgery; just as others are good diagnosticians, obstetricians, or good pediatricians, etc., and excel in their favorite branch. But the surgeon-specialist is a somewhat recent creation, and I am proud of the fact that our school is keeping pace with the times in this respect, and that our statistics show the highest percentage of cures and the lowest death rate in hospital work. It cannot be explained otherwise than that the little sugar pellet makes a good running mate for the scalpel; it is a good working combination.

A very important reason why the general practitioner should be at least a fair surgeon is that many times in emergencies, in all kinds of accidents, and in the treatment of some diseases, many precious lives are in jeopardy and would be sacrificed were it not for prompt surgical interference. There is not always time to send for a surgeon-specialist. This is especially true in country practice, and applies quite well to most of our smaller cities.

Where is the dividing line between minor and capital surgery? Which cases shall the general practitioner send to the surgeon and which shall he operate upon himself? In my estimation that depends entirely upon the skill and nerve of the operator. I have seen some men's hands tremble like an aspen leaf when opening a felon or an abscess. Such men ought to send all their surgical cases to a brother practitioner who possesses a little more nerve than they. I have seen some very careless and shiftless work done by hospital surgeons, and, on the other hand, some really beautiful operations by ordinary physicians.

I can see no reason why it is not possible to obtain just as good results in private practice as in the hospitals. It requires a good deal more care on the part of the physician and nurse in the preparation of patient, operating room, instruments, and dressings, but it can be and is done. Since experience has proven that the surgeon's fingers and unclean instruments carry more contagion into the wound than the atmosphere, it depends upon the surgeon and his assistants whether or not the wound will heal by first intention. I am

well aware of the fact that occasionally the surgeon is hampered by blood infection previous to operation, but such cases are the exception and not the rule.

The most essential prerequisites for a successful surgeon, whether he be also a general practitioner or a surgeon-specialist, are good eyes, a steady hand, strong nerves, mechanical skill, careful technique, quick perception, presence of mind, and in general, a level head.

With the above qualifications and the material at hand, I can see no reason why the general practitioner should not undertake all of the ordinary and even some of the capital surgery which may chance to come his way. It will make the practice of medicine more diversified and interesting, and give the surgeon-specialist more ample opportunity to perfect himself in the higher and more intricate branches of his chosen specialty.

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## EYE NOTES FOR THE GENERAL PRACTITIONER.

BY GEORGE A. SUFFA, M.D., BOSTON, MASS.

*[Read before the Massachusetts Homœopathic Medical Society.]*

I have been prompted to write these notes by the repeated request, "How, in general practice, is one to know when to send cases to an oculist?" In order to do this absolutely without error it would be necessary to keep in touch with the science of ophthalmology in addition to special training in this line. Yet there are symptoms which, when properly grouped, are such positive evidence of eye strain that minute examination is not necessary to determine this point. Although we have a large number of text-books on ophthalmology, and their number is constantly increasing, I know of none treating the subject from this standpoint. Feeling that, perhaps, notes of this kind would be acceptable, the first paper, which deals with conditions produced by visual and muscular errors, is presented to-day. It is my intention

to treat the more common eye diseases in a similar manner later.

*General symptoms indicative of refractive or muscular errors.* — First in frequency and importance are headaches. There are three forms that are characteristic, — frontal, occipital, and temporal, stated in order of their frequency.

The frontal variety is usually dull in character. There is a feeling of discomfort, tension, or pressure, located in the region of the frontal sinuses. The symptoms, at first, are usually only present, in the greater number of cases, on either excessive distant or near use of the eyes, especially the former, the severest attacks being brought on by shopping or attending some public entertainment. Near use of the eyes, unless excessive, is less apt to bring on an attack in the early stages of the condition, or to cause an aggravation. After this form of headache has been present for some time, and when the condition has become chronic, in addition to the dull, indescribable feeling the pain may become sharp and lancinating in character; or the pain, which at first was present only when the eyes were used excessively for distant or near work, becomes constant with marked exacerbation, or extension to other parts. Occasionally the sharp pain is the only one present from the beginning, but usually the pain is a dull, indescribable feeling rather than an actual pain.

Second in frequency are occipital headaches, usually described as a dull tension, a strained, stiff, or sore feeling low in the occipital region, at times extending down the spinal column or upwards to the upper occipital region, rarely to the vertex. Very often the statement will be made that temporary relief is obtained by tipping the head backward as far as possible, and forcibly pressing the hands over this region (or questioning will bring out this point). In aggravated cases, usually when the condition has been present for along time, the slightest motion of the body, especially if sudden, or any loud noise causes marked aggravation, or the pain radiates throughout the cranium, especially at the base. Quite frequently, when both frontal and occipital headaches are pres-



ent, a tension from the eyeballs to the occiput is complained of, as though the eyes were held in position by elastic cords attached to the occiput and their tension increased by any use of the eyes.

Third in frequency are temporal headaches. These are always sharp in character, and more apt to be present only on use of the eyes for special distant or near work, more commonly during near work, but may be more or less constant, or are manifest only by sudden, sharp, shooting pains at any time.

While migraine is not usually characteristic of eye trouble, a certain percentage are due to eye strain of some form, or are aggravated by its presence. Preceded as they frequently are by some disturbance in vision, from slight blurring, a mist before the eyes, or hemiopia, to complete darkness, early attention is directed to the eyes. The dimness of vision is soon followed by severe neuralgia over one or the other eye, rarely both eyes at the same time, and usually the pain is located *over* one eye during *all* attacks, or one is selected more often than the other. Occasionally the point of selection is in one or both *eyeballs*, "ciliary neuralgia." This form of headache is usually accompanied by nausea and often vomiting, the so-called sick headache.

Although only a certain percentage of these cases are caused by eye strain, the greater number of the cases that have visual errors are benefited by having these errors corrected, either by a complete cure or by marked amelioration, by lessening the number, shortening the duration, or modifying the severity of the attacks. Consequently all cases may properly receive ophthalmic examination.

Headaches located at the vertex of the cranium are rarely caused by eye strain. In women they are usually attributable to uterine troubles, but like the preceding forms of headache are nearly always benefited by having any existing ocular errors corrected.

It is not at all unusual to have two or more forms of headache present at the same or different times in the same case, one or the other predominating in frequency or severity.

Their order of frequency and combination, in my experience, is, first, frontal and occipital, the frontal headache being the more constant. Usually after the individual has been a sufferer for months, perhaps periodically at first, the frontal headache becomes a constant companion, the occipital form being brought on by unusual excitement, overwork of any kind, or excessive use of the eyes, in fact, everything calling for unusual nerve energy. Second in frequency of combination are the frontal and temporal varieties. Third in frequency are the frontal, occipital, and temporal varieties. The fourth and last are the vertex headaches, either alone or in combination with any or all of the foregoing forms. The same general features apply to these combinations.

The frequency, constancy, or severity of the symptoms does not depend so much upon the degree of ocular error as upon the physical condition and nervous make-up of the individual, and upon the length of time the error has been allowed to go uncorrected, together with the occupation and time the eyes are in special use. In fact, the low errors are the first to produce asthenopia, readily accounted for on the ground that these errors are constantly overcome by the ciliary and external eye muscles, thereby calling for continual nerve energy.

In addition to headaches, many other reflex disturbances are present in many cases ; the more neurotic the individual, the greater the variety of symptoms. It would hardly be proper to dwell upon all the reflex manifestations that have been observed and relieved by correcting ocular errors. The principal ones only will be mentioned.

A large proportion suffer with mental torpidity, experiencing great difficulty in keeping their minds on the matter in hand, the mind wandering even from subjects in which they are extremely interested, often continuing to inability to any mental application. Memory is often affected to a marked degree. The intellect is dulled and extreme cases are apprehensive of some overhanging, indefinable danger. Sleep is disturbed by dreams, or insomnia is present. In fact, any form of nervous manifestation may be present, even leading

to insanity. Indigestion in all its forms is not at all unusual, often accompanied by constipation.

Local symptoms are feelings of heat, and as if sand were in the eyes. Pain is often experienced on moving them. The lids are heavy ; especially on rising in the morning difficulty is experienced in opening them. Lachrymation and photophobia are prominent symptoms.

Objective symptoms are conjunctival congestion ; the edges of the lids are thickened and may be covered with crusts ; "blepharitis marginalis," — the lashes are loose and are shed easily.

Cases that have suffered for a long time show traces in their facial expression. The vertical creases on the forehead between the eyebrows are characteristic of eye strain, often muscular. So are also the horizontal wrinkles on the forehead especially indicative of exophoria. A general expression of distress, as if life were burdensome, together with an irritable, quarrelsome disposition, are not at all uncommon.

In all forms of refractive error, frontal headache predominates ; if muscular errors coexist, occipital headache is usually in combination with the frontal variety, but may be the only form complained of. The forms of muscular error that are most productive of occipital headache are esophoria, a tendency for the eyes to turn inward, or a hyperphoria, a tendency for one eye to deviate upwards, or these two forms may be combined.

Exophoria, a tendency for the eyes to deviate outward, is more apt to cause the temporal variety of headache, often not marked ; if no refractive error is present, the symptoms are more apt to be local ; sensations of heat, itching as if sand were in the eyes. A feeling as if the eyes crossed on near use is characteristic of high degrees of exophoria, and the eyes are apt to tire quickly on near use.

Children who do not show the usual desire for knowledge, being apparently indifferent to that for which the majority of children usually seek, being dubbed stupid on account of this indifference or apparent inability to acquire knowledge,



are usually suffering from refractive or muscular errors, or have defective hearing. Too much stress cannot be laid upon the necessity for an early examination of these cases for ocular, aural, or some mental or bodily defect, and the same corrected before the condition has taken firm hold upon the child, thus laying the foundation for some permanent defect which could have been prevented or at least very materially modified.

When any of the foregoing symptoms are present, some form of ocular error will almost invariably be present, and the case can safely be sent to a specialist, even if ocular errors cannot be demonstrated by the tests to be given later. Especially is this true as the low degrees of refractive error cannot be discovered unless a thorough oculist's examination is given.

When any of the three varieties of headache are complained of, especially if a cure cannot be obtained by internal medication, it is always advisable to test for refractive and muscular errors, for some form of error will be found, and the sooner the error is corrected, that is, before the condition becomes aggravated or chronic, the quicker and greater will be the benefit. For if the symptoms have become fixed, having been present for a long time, it is often difficult to bring about a cure for some time after the correction has been made, even when aided by carefully selected remedies, for certain functional, if not structural, changes have been wrought that time only can correct.

*The simplest methods for quickly discovering manifest refractive or muscular errors.* — All that is necessary for these tests is a test card having letters graded from ten to two hundred feet, and an astigmatic dial. These cards should be placed in a well-lighted part of a room, preferably twenty feet long. The twenty-foot line should be seen perfectly across this room, giving 20/20, or normal vision. Quite often the fifteen-foot line is seen at twenty feet, simply indicating that the individual has better than the average normal vision. This does not preclude refractive errors. Should the thirty-foot line be seen, the vision is 20/30; the forty-foot line, 20/40,

and so on. If only ten feet of space is available, the ten-foot line should be seen readily.

In case the radiating lines appear unequal in distinctness, astigmatism is present ; but many persons do not recognize any difference in distinctness even when the astigmatism is of fair degree. At least one half of the cases of low degree, especially if the astigmatism be facultative, recognize no difference in the radiations. Absence of visible difference cannot be taken as proof that no astigmatism exists. Especially true is it that low degrees of astigmatism that cannot be demonstrated by defective vision (without a mydriatic), or that show no difference in the radiations on the astigmatic dial, are more productive of asthenopia than are the higher degrees which are readily discovered. Therefore careful treating of these cases cannot be urged too strongly.

An easy and unfailing method for demonstrating muscular errors is the exclusion or card test. All that is necessary for this test is a small card to exclude one eye at a time. The patient is asked to look at a candle flame or small object placed across the room, and to observe if there is any motion of the object, and the direction of movement, while the examiner covers and uncovers each eye alternately, at the same time noting the direction of any movement of the eye. After a few trials one becomes proficient, being able to detect the smallest movement ; and as the patient sees the apparent movement of the object looked at, the slightest deviation will rarely be overlooked, if this fact be borne in mind. The movement is always in the direction of the weaker muscle. Movements of the eyes with the card show exophoria, a tendency for the eyes to deviate outward. Movement outward or against the movements of the card shows esophoria, a tendency for inward deviation. Movement of an eye downward shows hyperphoria, or a tendency for that eye to turn upward. In making this test it is necessary to move the card quickly from eye to eye, and to leave the card over each eye sufficiently long (fifteen seconds) for the eye to assume a state of rest before moving the card over the other eye. The test should also be made at the

reading point, the patient fixing a spot one-fourth inch in diameter drawn on a horizontal line, the apparent movement of the spot and movement of eye again showing the form of error. When presbyopia is present, the test should be made with the reading lenses adjusted.

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### FERRUM PICRATE IN A CASE OF ANÆMIA INFANTUM PSEUDO-LEUKÆMIA.

BY E. R. JOHNSON.

I have a somewhat mixed task in presenting this subject. I have, first, an extremely interesting and rare disease to describe briefly; second, to speak of the pathogenesis of a certain drug; third, to show you how similar the disease and the remedy; and fourth, to relate briefly the happy results of the use of this medicine in a case which I have to report to you.

Anæmia infantum pseudo-leukæmia was first described by Von Jaksch in 1889. It is a disease of infancy, characterized by marked deficiency, not only of the red corpuscles, but also of hæmoglobin; considerable leucocytosis; marked splenic enlargement; at times enlarged lymph glands; slight enlargement of the liver. Luzet adds to these observations by further noting the large number of nucleated red corpuscles, many of which are undergoing mitosis. According to his statistics, it was met only once in fifteen hundred cases of anæmia under two years. He thinks it does not occur after two years of age. The above is taken most largely from Rotch, who concludes as follows: "As a result of my investigations of a considerable number of cases of anæmia of every grade in young infants, it seems to me we have arrived at a degree of knowledge which justifies us in making a diagnosis in certain cases of anæmia infantum



pseudo-leukæmia. The course of the disease varies. All of my cases have proven fatal, without any apparent complication."

Holt, of New York, speaks particularly of the reduction in hæmoglobin and increase of leucocytes, which may be as high in proportion to red discs as 1 to 30. In one case it was 1 to 12, but rarely higher than 1 to 75. There are many microcytes, erythroblasts, and megaloblasts, the larger proportion in which they appear, the more immediately fatal the case will prove.

Briefly, then, the characteristics of this disease are: Deficiency of red discs, deficiency of hæmoglobin, increase in white corpuscles, presence of nucleated red corpuscles, splenic enlargement. Prognosis, fatal.

So far as I can find, there is no literature to be found in any materia medica upon ferrum picrate. I find in Hempel and Arndt an article from the pen of Dr. S. A. Jones, who claims that "picric acid retards oxidization. The red corpuscles succumb to the deleterious influence of picric acid, fatty degeneration of its contents ensues, its coloring matter is set free, and it is no longer capable of carrying the oxygen to the tissues." Dr. Erb speaks at length upon the remarkable effect of picric acid on the blood. He states that the blood of those animals upon which it was used was of a dirty brown color, with distinct nuclei in the red blood discs. This is accompanied by a large increase in the number of white corpuscles.

The action of iron on the blood is so well known that any reference to it may seem unnecessary, but the following I have taken from Coperthwaite: "Ferrum acts preëminently upon the blood in such a manner as to produce a debilitating and disorganizing effect upon the entire system. It at first, and for a short time only, vitalizes the blood and increases the red corpuscles; but soon the watery portions of the blood are increased, the albumen is decreased, and the number of red corpuscles diminished." Briefly, then, picric acid and iron cause degeneration of the red discs; a decrease of the coloring matter; an increase of the white corpuscles; and



less you are all well aware, is a combination of red marrow, pure ox blood, and glycerine. I believe this did much toward the general nutrition of the red blood corpuscles. But I cannot believe it was the curative agent in this case.

February 1 I received from Dr. Strong the following report of a specimen sent to him at this time: "Red discs normal, except for a few microcytes and normoblasts; moderate leucocytosis. Blood seems almost normal. At this time the spleen had decreased about one third since November 15. The color was not what I should call perfectly normal, but the anæmic appearance had disappeared very largely. The little patient had become a happy and apparently healthy child.

April 1, 1897, another report from Dr. Strong states: "Red discs normal except for a few microcytes and a very few megaloblasts. Rate of white cells to red, 1 to 150. No apparent tendency to relapse. The examination warrants favorable prognosis."

A fifth examination, the exact date of which I cannot give you, but I think it was made in July, gives the rate of white corpuscles to red discs as 1 to 200.

One point that we must not lose sight of in this case is the rate of the leucocytes to the red corpuscles, namely, 1 to 30. I can find but one other case on record of a higher rate, and this is 1 to 12. Holt gives the average case as 1 to 65 or 75. In health it is about 1 to 300. In our April report we find it 1 to 150. This is quite a change from 1 to 30 in four months, and two to three months later the rate is found to be 1 to 200. All cases previously have proven fatal whether the proportion was 1 to 100 or 1 to 65, while this case, with as high rate as 1 to 30, has recovered under the homœopathic remedy.

Holt speaks of Monte's twenty cases in which four proved fatal. He states that sixteen were secondary to rachitis and one secondary to syphilis. Taylor, of Philadelphia, who writes upon this subject in the supplement to "Reiting," disposes of the whole matter by saying that the mortality has been 20 per cent. Not finding much



literature on this subject, I wrote to Dr. Taylor last week, asking where I could find something on this disease besides what I had found in Rotch's "Pediatrics" and in Holt. But I have not heard from the doctor, and doubt not he drew his conclusions from Monte's cases. If so, I am forced to conclude that the mortality of this disease is not 20 per cent as he states, but that this has hitherto been a fatal disease in every case of primary anæmia infantum pseudo-leukæmia. If the disease is secondary to rachitis, the mortality must be the same as richitis, which is *nil*. If secondary to syphilis, should it be higher? I think not. Now this case was unquestionably not secondary to any of these diseases.

Dr. Rotch, in closing his article on "Anæmia Infantum Pseudo-Leukæmia," in reference to the treatment says: "The treatment of this disease with or without iron, arsenic, or other drugs, is well known to be ineffectual." Whether or not we believe that ferrum picrate has proven victorious over this disease we have but this one case, which will stand as so much evidence only to be proven by the test of many cases.

Let me say in closing that the selection of this remedy for this particular case was made by Dr. Percy.

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## THE POWER OF A WILL VERSUS MEDICAL EXPERT TESTIMONY.

BY ELLEN L. KEITH, M.D., FRAMINGHAM, MASS.

[Written for the Boston Homœopathic Medical Society, February 1, 1900.]

Perhaps I ought to ask your pardon for bringing before this society, even briefly, a case which has been quite fully and accurately reported in the daily papers very recently, but it seems to me to be of some interest to physicians at this time when a great deal is being written on the subject of medical expert testimony. I shall not attempt to report

the case or the trial in full, but simply to draw attention to a few facts connected with both.

The maker of the contested will was a patient of mine for six weeks during the summer of 1899. She was fifty-seven years of age, had been a school teacher up to the time of her marriage about twenty years before, and was an intelligent, vivacious, strong-willed, and impulsive woman. During the last three years her health had failed and her condition had become that of a helpless invalid, due to an incurable and progressive disease. She had pernicious anæmia, accompanied by diffuse sclerosis of the spinal cord. Her limbs were œdematous, especially the lower, which were practically useless. Her hands were somewhat swollen, but still had some power. Her face was swollen and had lost its natural expression. Her color was a deathly white.

This condition, of course, made her a difficult person to care for at best, but, added to it, and of more importance, was a peculiar irritability and unreasonableness which seemed to those about her to pass the bounds of sanity. She directed this chiefly, though few were exempt, towards her husband whenever he was with her. She had no hesitation in using abusive language whenever she felt inclined, and indulged in loud screams and cries such as one does not expect to hear from a sane woman, whatever may be her physical condition.

At the end of six weeks she left my hospital to go to her native city, that she might be among her old friends and near her brother and sister. After being there a few days she made a will, which, after her death, was contested on the ground that she was not in a mental condition to do legal business. The beginning of the trial was made before the Probate Court, but appealed to the Supreme Court. Its trial there lasted three full days, was before a judge said to be one of the best on the Massachusetts bench, and was argued by two very able lawyers. The judge, in pronouncing his decision, said it had been one of the best tried cases to which it had been his fortune to listen, and had been characterized throughout by the utmost appearance of fairness

and of an attempt only to get at the truth of the matter. He upheld the will on the ground that the testimony did not prove the testator to have been of unsound mind nor to have been unduly influenced.

The feature of this case that makes it seem of medical interest is the fact that four mental specialists, who, as it chanced, were two from the old school and two from the new, all testified that from their personal knowledge of her and of her mental condition, they did not think her capable of making a will. When asked why they so believed, the reply was, in effect, that her judgment was weakened and her emotional excitement made her incapable of acting calmly. No claim was made that she had either hallucinations or delusions, or was incapable of intelligent conversation.

Various instances were given, however, of unreasonable acts, of excited manner and words, of changed feelings and inconsistent demands, and the autopsy revealed a brain the most anæmic the experienced pathologist had ever seen, and a spinal cord degenerated throughout its entire length.

The witnesses to the will were two physicians in general practice and the lawyer's clerk. These physicians testified that they saw nothing the matter with her, and one claimed not even to have noticed her anæmic condition, but did allow that when she signed the will he saw her hand was a little swollen. The other was her attending physician, and he testified to her absolute sanity, but called her the "ugliest and most unreasonable person" he ever saw. This "ugliness" persisted throughout the time she was under his care, which was the five weeks between her leaving me and her death. No nurse—and she had eighteen or twenty to my knowledge during eleven weeks—felt that she was responsible for her actions and words, though all found it hard to be patient with her because of her intelligence in many ways. Her flattery of one was as inconsistent as her fault-finding of another.

Her treatment of her husband was most peculiar and exceedingly trying, not only to him, but to all who had to witness it. When he was with her it was almost impossible to



care for her properly, she would be so unreasonable and determined that he should do whatever was to be done, no matter how many nurses were ready to assist her. Then if he did try, she would hold his efforts up to the ridicule of those about her. When he would leave her room she would scream loudly for him to come back and stay with her, but while with her she would talk most unreasonably and abusively to him. When asked why she wanted him with her if he made her so uncomfortable, she said it was because she loved him so. It would be difficult to present a clear picture of her strange conduct and actions towards her husband and towards those who had the immediate care of her.

The fact that the will may have been a reasonable one and perhaps just to all concerned seems to me to have no bearing on the case, nor to have been any indication of mental balance on the part of the testator, for it was strictly in accord with what the law compelled her to do in order to make the will valid at all, that is, so far as the provision for her husband was concerned. Had she given him a cent less it would not have been allowed, and this, of course, she was told by her lawyer or her friends. Had she acted freely it is quite probable, judging from what she occasionally threatened, that she would have left him nothing.

Dr. Jelly and Dr. Cowles were present during the trial, with the understanding that they were to hear the evidence and give hypothetical testimony in regard to the mental condition of the testator. They, however, were not called upon to testify, for the judge, after hearing the evidence on the side of the plaintiff and before the witnesses for the defendant testified at all, announced that he had decided as to her intellectual ability, and that it only remained to be seen whether undue influence had been exerted.

This practically dismissed these two experts, and the evidence on the side of the defendant was briefly given. The case was then ably argued by the opposing lawyers, and, when they had finished, the judge immediately announced his decision that he considered that no evidence had been given to indicate sufficient perversion of the intellect to

affect her power to make a valid will, and no evidence of undue influence. \*

This case has been interesting and instructive to me as showing how the evidence of physicians, who are making a special study of mental diseases, who have constant opportunity to watch such cases, and who have had the occasional or even daily care of some particular patient, is overruled as of no value in the opinion of a judge whose actual knowledge of such cases must be limited. It also raises the oft-mooted question as to where the border line comes which divides the sane from the insane. This is a question which is of great practical importance to physicians who are at any time liable to be called upon to decide whether a patient shall, or shall not, be committed as legally insane to an insane hospital. There are many cases in which there is no question about the right in the matter, but there are others where one feels to hesitate long before saying, "These persons are insane and should be restrained." Yet, as in this case, a change from normal is noted, new and trying characteristics are prominent, often making the lives of those near to them very uncomfortable.

The decision of this judge seems to be in accord with what Dr. Clouston says "may be held as proved by legal decisions, that a lesser amount of mental capacity is needed for making a valid will than for managing property or enjoying personal liberty."

## EDITORIAL.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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## THE NEW YORK STATE SOCIETY.

The "Jubilee" meeting of the New York Homœopathic Medical Society, which took place on the third and fourth of last month, was a very interesting event.

The program extended over three days. The opening exercises included addresses by the Hon. Bird S. Coler, of New York City; address of welcome by Dr. Daniel Simmons, of Kings County Society, and a special address on "The Homœopathic Medical Society of State of New York," by Dr. Horace M. Paine.

There was an elaborate banquet at the Brooklyn Germania Club House on the evening of the fourth, and the mere mention of the fact that Dr. William Tod-Helmuth acted as toastmaster is sufficient guarantee of brilliant and witty postprandial exercises.

Among the special addresses was one on "Homœopathy Fifty Years Ago," by Dr. Conrad Wesselhoeft, of Boston; and Dr. Horace Packard, in conjunction with Dr. Helmuth, held a surgical clinic at the Flower Hospital on the morning of the fifth.

The remainder of the program was devoted to the reports of the various bureaus, and the subjects were many and interesting.

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THE TALITHA CUMI HOME.

This institution, conducted under the auspices of the New England Moral Reform Society, is doing a good and much-needed work,—a work which should commend itself to every physician, and which every physician should know



something about. The object is thus stated in the society's circular: —

It is not the mission of this Home to deal with degraded women who have been promiscuous sinners, but rather with those young girls who have slipped through ignorance or unguarded surroundings, or who have been deceived and seduced through their affections, and are in need of such care for the first time.

Unfortunately, there is hardly a physician under whose care does not come at some time one or more of these unfortunate young women, who as a rule are much more sinned against than sinning; and it is well to know a place where they can be well cared for, both physically and spiritually, with a maximum of safety and a minimum of disgrace. The names of Dr. Hastings and Dr. Plummer, under whose care the institution is managed, are sufficient guarantee of the character of the Home and of the conscientious work which is done.

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### MRS. EMILY FAIRBANKS TALBOT.

Mrs. Emily Fairbanks Talbot, who died on Monday at her summer home in Holderness, N. H., was prominently identified with philanthropic work in this city. As the wife of the late Dean Talbot, of Boston University Medical School, she was closely associated with all public matters, to which he gave his attention. The announcement of death came as a shock to her large number of friends, as few were aware that she was in ill health. The immediate relatives knew that her health was failing since the death of her husband, about one year ago, but it was not until a month ago that there was apparent reason for any fear. The first public work in which she became interested was that of the Massachusetts Infant Asylum when it was founded. Many years of her life were devoted to the work of the Westboro Insane Hospital, of which she has since been a trustee. A great many students, especially girls, were the recipients of her kind benevolence. Every one who knew her sought for her

sound judgment and wise councils, which were filled with inspiration and proved so many times of great value. With her originated the idea which has since been so usefully developed in the Association of Collegiate Alumnæ. To her also was due the formation of the Round Table, a literary club, which includes many prominent authors of Boston and vicinity.

Mrs. Talbot was born in Winthrop, Me., February 22, 1834.

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## SOCIETIES.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, October 4, 1900, at eight o'clock, the Second Vice-President, T. Morris Strong, M.D., in the chair.

The records of the last meeting were read and accepted.

J. P. Stedman, M.D., of Brockton, was admitted to membership. (Dr. Halsey took the chair at this time.)

*Voted*, That the Hahnemann Committee, having finished its business and reported to the Treasurer, be discharged.

On motion of Dr. Frank C. Richardson, it was voted that the society, through its Secretary, extend to J. Emmons Briggs, M.D., its sincere sympathy in his affliction.

The Executive Committee recommend the adoption of the following resolution, which was read by the President : —

### STANDING COMMITTEE ON LEGISLATION.

*Resolved*, That a committee of five be appointed, the President being a member *ex officio*, to serve one, two, three, four, and five years, and have in charge all legislation or other interests which in any way affect the members of this society.

## REPORT OF THE SECTION OF ELECTRO-THERAPEUTICS.

JOSEPH CHASE, Jr., Chairman.

GEORGE E. PERCY, Secretary.

IDA F. BARNES, Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year : Drs. T. Morris Strong, N. M. Wood, and Sarah A. Jenness. The committee reported as follows : Chairman, Thomas R. Griffith, M.D.; Secretary, Lucy Barner-Hall, M.D.; and Treasurer, Caroline Y. Wentworth, M.D., who were duly elected. \*

## PROGRAM.

1. The High-Frequency Current of Tesla as an Agent in Therapeutics, with Report of Cases and Demonstration of Apparatus. Frederick F. Strong, M.D. Discussion, E. P. Colby, M.D., and F. C. Richardson, M.D.
2. Exhibition and Demonstration of Electrical Apparatus. The Swett & Lewis Company, of Boston.
3. Exhibition and Demonstration of Electrical Apparatus. Otis Clapp & Son, of Boston.

## DISCUSSION.

1. Dr. Strong's paper on "The High-Frequency Current of Tesla" was supplementary to one read before the society two years ago.

The majority of cases treated by him had been nervous diseases, rheumatism, and gout, therefore he could not speak from experience regarding the efficacy of the high-frequency current in skin diseases.

Dr. Strong exhibited electrical apparatus of his own invention, and gave a thorough demonstration of the method of generating the current, and its application. His paper was an eminently scientific one.

Dr. Colby : I know absolutely nothing about the subject this evening, except the little I have read and been told, but you are fairly well used to that by this time. Dr. Strong has told you in the course of reading his paper of the particular characteristics of the different currents, calling your attention to the fact that the static form is one of extreme



high tension bearing, but very little quantity. The galvanic, on the contrary, when administered so that it can be taken by a patient, is one of much greater quantity and much lower potential. I have read the paper presented this evening, which the doctor sent to me, and I am more and more impressed with the idea previously formed, that in the high-frequency current you have an agent with the high tension of the static machine and with the potential which was wanting in all static machines thus far, and this gives the result which might be obtained from both. One thing connected with the mechanism I fail to understand, because I am not posted in electro-physics. How can the primary coil with an agent of such extreme motor force, how can it possibly be so insulated as to act as a common coil?

Dr. Strong: The only way that we can insulate these coils is by using gutta percha and wax; we can also use oil, which is the most perfect. The best insulation is imperfect, and the only reason we obtain the current we do is because the current is so enormous in spite of what leaks off from the convolutions. If you would look at this coil you would find it covered with fine brush discharges, and the leakage is enormous, about one half.

Dr. Colby: As I understand it, you are acting with remainders. That explains the matter in part.

I think there is a future in store for this form of electricity. I am sorry that I am not familiar enough with the subject to discuss it.

I would like to ask if the diagnosis of Case 1 was absolutely fixed.

Dr. Strong: He was taken suddenly ill with high fever, pain, etc., and his physician diagnosed la grippe, and treated him for it for five days. At this time the pain ceased and it was found that one arm and one leg were paralyzed. He was taken to the City Hospital and there seen by several physicians, among others Dr. Putnam, and they agreed that the case was one of acute poliomyelitis.

Dr. Colby: It seems to me very singular that any agent could restore those cells in the anterior horn. We could

hardly expect peripheral regeneration if the cells were degenerated. I have seen cases of neuritis in which the motors alone seemed to be involved, and in such a case as that would have been regenerated.

Dr. Strong : Would there be an acute attack of grippe before the paralysis ?

Dr. Colby : I am not sure but that this was grippe with neuritis following. Neuritis is one of the sequelæ of the grippe.

Dr. Strong : Would he have a sudden paralysis ?

Dr. Colby : How sudden ?

Dr. Strong : The patient was taken sick with fever and rapidly became worse and delirious. On the fifth day the fever subsided and paralysis appeared. I know very little of the pathology of nervous diseases, but in talking with the physician in attendance, it occurred to me it might be a hemorrhage in two points of the cord. There were no sensory symptoms whatever. But I have no doubt the case may have been neuritis following grippe. In fact, that is more than probable, because in looking over the literature on the subject I cannot find any case where there has been this apparent regeneration of dead motor cells in the anterior horn.

Dr. Colby : Of course, Mr. Chairman, I would not for a minute stand here and criticise the diagnosis of a case I have not observed, which was made by well-recognized diagnosticians ; but it seems so singular that the current regenerated the cells in the anterior horn and reestablished the protoplasm of the cell body, so as to make the cell work uniformly and constantly.

Dr. Strong : This is a particularly peculiar case. I did not find anything in literature parallel to it. I did not make the diagnosis.

Dr. Richardson : I regret that my ignorance of the subject prevents me from discussing the paper, except this, that I am impressed with the usefulness of this comparatively new therapeutic agent. It seems to me that because of its peculiar properties it should occupy a very large field in the treatment of nervous diseases. I hope we shall hear further

about it. It seems to me it fills a gap that all we who use electricity recognize as unfilled. The doctor has spoken of the psychological effect of electricity. We recognize that, and that there is a good deal more to the electric current than its suggestive effect. Here there seems to be a positive quantity, and I can see how it might be of greater use than any other current we have used. The case referred to and diagnosed here demonstrates the importance and marked value of this current. I think it is well established that peripheral nerves are capable of regeneration, while the cells are not. If the diagnosis was correct, the result of the treatment by this current was certainly remarkable. I wish the matter could be absolutely fixed, but I do not know how, except by an autopsy, and that, of course, is not desirable. If it was a case of neuritis, the result would be eminently satisfactory and one we could expect to get with our ordinary currents, but not nearly as rapidly. Whether the diagnosis was correct or not, surely the case illustrates the value of this current.

I wish again to express my appreciation of the scientific paper, and that Dr. Strong deserves our thanks for his careful preparation in the subject of the paper. I think such papers should be recognized by us, and such study and work should receive all the encouragement that we can possibly give them.

An interesting demonstration of electrical apparatus by the Swett & Lewis Company and Otis Clapp & Son concluded the program for the evening.

Adjourned at ten o'clock.

EDWARD E. ALLEN, *Secretary.*

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

A special meeting of the society was held at the Boston University School of Medicine, Thursday evening, October 25, 1900, at eight o'clock, the President, Frederick W. Halsey, M.D., in the chair.



The following committee was appointed to draw up resolutions on the death of Dr. Benjamin H. West, of Boston: Drs. H. C. Clapp, Grace E. Cross, and Conrad Wesselhoeft.

#### REPORT OF THE MEDICO-LEGAL SECTION.

FRANK L. NEWTON, Chairman.

HELEN S. CHILDS, M.D., Secretary.

DAVID W. WELLS, M.D., Treasurer.

Subject of the meeting: "The Relation of Crime to Insanity."

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. George B. Rice, J. S. Shaw, and Lucy A. Kirk. The committee reported as follows: Chairman, George S. Adams, M.D.; Secretary, Amelia Burroughs, M.D.; and Treasurer, Solomon C. Fuller, M.D., who were duly elected.

#### PROGRAM.

1. The Psychiatry of Crime. Frank C. Richardson, M.D.
2. Adolescence before the Law. Judge J. Albert Brackett.
3. "Views." A letter from George S. Adams, M.D.  
Read by the Secretary.
4. Report of Illustrative Cases. Introduction by the Chairman.

1. Dr. Richardson treated his subject, "Psychiatry of Crime," in a clear, concise manner, and the paper was of interest to all present.

2. "Adolescence before the Law." Judge Brackett called attention to the three kinds of insanity recognized by the law,—lack of intellect to enable the person to distinguish between degrees of crime, between what is morally right and morally wrong; monomania or religious mania; and uncontrollable impulse or homicidal mania. The law recognizes no difference between the child of fourteen years and the man of fifty; both must be punished. How to deal with juvenile offenders is a most difficult problem, and it is this period of life that the medical profession should protect. The legal profession would gladly receive suggestions from the med-

ical on this subject, and Judge Brackett made an earnest plea for such coöperation.

It was voted that a committee of three be appointed to take under consideration the matter of the adolescent insane, and after due deliberation to report its findings and recommendations to the society at some future meeting.

The chair appointed Drs. E. P. Colby, F. C. Richardson, and Ellen L. Keith. Dr. Keith, although not a member of the society, was requested to serve.

3. The Secretary read a letter from Dr. George S. Adams, of Westboro, in which he spoke of the danger of insane adolescents not receiving proper care.

4. Dr. Frank L. Newton, Chairman of the section, and Solomon C. Fuller, M.D., reported several cases which had come under their observation.

Dr. Colby: I am singularly at one with both of the two first speakers of this evening. I am very much pleased with the suggestion of Judge Brackett; it is a wise one. It is well known to us all, who have opportunities to see cases of that kind, that there is a certain young age of life in which there is an indifference, when young persons are not as responsible as in after life, when they are, as it were, color blind to right and wrong. We can readily believe that in those instances there is a pathological condition rendering them irresponsible. Something is wanting here. As they grow older they become responsible. Perhaps if they were cared for in a proper way, they might be arrested in their career. It is our duty to do all in our power, but I differ from the suggestion of the chairman; it requires more consideration. I believe as many girls as boys are involved, and that a woman should be added to the committee, because I think the girls need protection more than boys. I would name Dr. Ellen Keith as a member of the committee.

With the first speaker of the evening I am also at one. I am a full believer in the pathology of crime in some cases. He spoke only of heredity [Dr. Richardson: And education], and that it was not an accident which may occur from disease. We have in the hospital an instance right to the point, — that

of a child who, as far as I can find from previous history, has had among other diseases a hemorrhage at the base of the brain, which has not only arrested the development of further brain cells in the cerebral cortex, but has actually changed the child into one of the most reliable all-round criminals. He is utterly unable to control his temper, and will break things simply for the animal pleasure of doing so. While I believe in the pathology of crime, we must be careful how far we carry it, for the community must be protected. That they are liable to receive punishment for their wrong doing deters many from committing crime, and this is a safeguard to the community.

Dr. Mann: I have not a special question to ask. I am very much interested in Dr. Colby's suggestion to add Dr. Keith to the committee, and think it should be carried out.

Dr. Colby: While I have said that I thought favorably of the suggestion made by the essayist of the evening, I think more deliberation should be given it.

I move a vote of thanks to Judge Brackett for his interesting, able, and equitable paper of this evening. Carried.

Adjourned at 9.45.

EDWARD E. ALLEN, *Secretary*.

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### ITEMS OF INTEREST.

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THE MICROBE CRAZE. — Professor Norton says; "There is great danger of the bacteriological craze landing its devotees in a quagmire, from which extrication will be difficult if not impossible without loss of prestige. The earnest investigators are prone, in their enthusiasm, to take too much for granted (the wish being father to the thought), and it will not be at all surprising to find that many steps will have to be retraced, many ingenious and promising theories abandoned. It should be borne in mind that microscopic life is in the main beneficent to humanity; that the varieties asso-



ciated with disease are comparatively few, by comparison with the others, and that in the case of the bacteria that have been definitely identified with specific diseases, it has never been satisfactorily demonstrated that they are the cause and not the product in such cases. Although some facts are positively known in bacteriology, yet the conclusions drawn from them are mainly conjectural; and in this, as in other fields, it is not at all unlikely that the next generation will see the present teachings thrown out and a general recasting of theories." — *Popular Science News*.

TUFFIER'S EXPERIENCE WITH INTRASPINAL COCAINE ANÆSTHESIA. — Tuffier (*La Semaine Medicale*, May 16, 1900) was one of the first to take up this new method of anæsthesia, and he has already published several reports upon his experience with it. Furthermore, one of his assistants, Cadol, has published a graduation thesis this year upon the same subject.

Tuffier himself has at present a record of sixty-three cases in which this form of anæsthesia has been employed. The outcome was in every way successful in every case.

The author employs an ordinary sterilizable hypodermic syringe. The needle, however, must be specially applicable to the work to be done. It is made of platinum, and measures nine centimetres in length.

Cocaine is used in a two per cent solution, which should always be sterilized and fresh.

The injection is made with the subject in the sitting posture. The lumbar region is first aseptitized by brushing with soap and alcohol. The iliac crests are then located, and an imaginary transverse line drawn between them passed flush with the fifth lumbar vertebra. Beneath this vertebra our injections should be made. The patient first bends his body far forward, and then the needle is driven in about one centimetre outside of the line of the spinous processes. If it enters the spinal canal, there is an absence of resistance, while an escape of the cerebrospinal fluid at the proximal end of the syringe is the surest warrant that the operation

is successful. Without this escape of endorachidian fluid we have no authority to inject cocaine.

One cubic centimetre of the anæsthetic solution is now injected, this operation requiring at least one minute. Some four to ten minutes elapse before the anæsthesia is complete. The loss of sensation, which may extend as high as the thorax, is absolute; enough so for the successful performance of amputations and other major operations. The duration of the anæsthesia is from an hour to an hour and a half. There may be certain obstacles to this form of anæsthesia. If the spinal column is in any way deformed, it may be difficult to introduce the needle. We must then seek out a new intervertebral space, and the puncture should not be regarded as complete until the cerebrospinal fluid escapes.

With regard to complications Tuffier knows of nothing serious. We may get a sense of oppression in the epigastrium, anxiety, nausea, vomiting, headache, sweating, rapid pulse, tremor of legs; but these are all trifling in character. In a limited number of cases Tuffier has noted rising temperature.

The sixty-three cases in which the author used this form of anæsthesia include operations on the legs (tenotomy, osteotomy, resections, amputations of leg and thigh, etc.); operations on the genito-urinary organs (nephrotomy, lithotomy, hypospadias, etc.); gynecological work (vaginal hysterectomy, and other vaginal operations); piles, fistula in ano, extirpation of rectum, and, finally hernia and appendicitis.

The author is a partisan of this process, but says that it may readily be completed by ether anæsthesia, should anything go wrong with the injection method.

DR. WILLIAM OSLER TO MEDICAL STUDENTS. — On the occasion of a professional visit to Columbus recently the distinguished teacher and author, Dr. William Osler, delivered a clinical lecture before the students of the Ohio Medical University.

“Gentlemen, the most unhappy day of my life was when

I sold my brains to the publishers. For a long time they had been after me to write a text-book, but I resisted. I never thought text-books so very much. I was tired of them and thought I was fitted for something better than writing a text-book, but finally I consented. I must have had neurasthenia or something else, and I beg your pardon for ever having consented to write a book. I have been sorry for students ever since, and trust when Osler goes out of vogue some one will have ready an easier text.

"I am very glad indeed to have met you all. I never meet a crowd of medical students but I think of Abernethy's remark, 'Good God! What will become of you all?' I know what will become of you. You will all do well. The medical profession is one in which every man can make a success; that is to say, he can be successful if he will work hard, study hard, and take an interest in his patients, not that they are patients, but because of his duty to mankind, will succeed. Practice not only with your head, but with your heart also.

"Avoid professional jealousies and bitterness. Gad, doctors are worse than parsons in engendering ill feeling among themselves. When you locate, look up all the respectable doctors and leave your card. Tell them that you are going to locate and that you expect to deal squarely, and you will find they will treat you right. Shut up at once the patient who would tell you of the faults of a professional brother. They will go to another and say the same of you. If you go with the seamy side out, the same side will be turned toward you. Go with the woolly side out and all will be well and success crown your efforts." — *Columbus Medical Journal*.

RECIPROCITY OF STATE LICENSE. — The following resolution was adopted by the Illinois State Board of Health at its last meeting: —

"*Resolved*, That applicants for a State Certificate to practice medicine and surgery in the State of Illinois, who have been examined and licensed by other State Examining



Boards maintaining standards not lower than those provided for in the Act to Regulate the Practice of Medicine in the State of Illinois, in force July 1, 1899, shall be granted certificates without further examination, on payment of fees required by the act; providing that the applicant, who must be a graduate of a medical college in good standing with this Board, shall present with his license an affidavit from the President or Secretary of the State Examining Board showing that the requirements of said Examining Board at the time of his examination were equal to those exacted by this Board under the present law; and providing further, that the said State Examining Board will grant licenses without examination to applicants holding certificates issued by the Illinois State Board of Health under the act now in force." — *Medical Review*, January 6, 1900.

RUSKIN'S DISLIKE OF BICYCLING.—A few days before Ruskin's death a New York editor dispatched his London representative to interview the sage of Brantwood on the beauties and benefits of bicycling. Ruskin, following his usual custom, gave the newspaper man so cold a reception that the latter lost no time in making his return trip to London. A few days later the correspondent received a letter from Ruskin in which he said: "Some time ago I put myself on record as an antagonist of the devil's own toy, the bicycle. I want to reiterate with all the emphasis of strong language that I condemn all manner of bi-, tri-, and 4-, 5-, 6-, or 7-, cycles. Any contrivance or invention intended to supersede the use of human feet on God's own ground is damnable. Walking, running, leaping, dancing are the legitimate and natural joys of the body, and every attempt to stride on stilts, dangle on ropes, or wiggle on wheels is an affront to the Almighty. You can't improve on God's appointed way of walking by substituting an improved cart-wheel." — *Current Literature*.

THE LATE REMOVAL OF A BULLET FROM THE BRAIN.—The length of time that a foreign body may remain in the

brain without giving rise to grave symptoms is surprising. A notable illustration of the fact was brought to the attention of the recent French Congress of Surgery, by Dr. Mondot (*Gazette hebdomadaire de médecine et de chirurgie*, November 2, 1899). A man had been shot in the head three times with a revolver three years and seven months before a trephining was undertaken to remove one of the balls. The man declared that only two of them had been removed at the time of the injury. The ball was found at the depth of about an inch and a half beneath the surface of the brain, and its removal completely relieved the man of his troubles, which were mental disturbances and loss of memory. — *New York Medical Journal*.

LEPERS IN THE PHILIPPINES. — It is estimated there are 30,000 lepers in the Philippine Archipelago, mostly in the Visayas Islands. The Spaniards, during their occupation of the Philippines, made no attempt to segregate these unfortunates. In a recent inspection by the health department officials at Manila one hundred lepers were found concealed in houses, while a large number, getting wind of the proposed inspection, had fled. The Government now proposes to select some place where a leper colony will be established similar to that of Molokai. A board of officers, consisting of Major Louis M. Maus, surgeon, U. S. A.; Capt. George P. Ahern, Ninth Infantry, and Capt. W. E. Horton, are selecting a suitable site for the leper colony. — *New York Medical Journal*.

A TEN THOUSAND DOLLAR FEE. — It is stated that one of the largest fees ever paid for medical services in a single case will be received by Dr. J. N. McCormack, of Bowling Green, for his attendance upon William Goebel, of Kentucky, after the latter was shot at Frankfort. Arthur Goebel, brother of the dead governor, has accepted a claim against the estate of Governor Goebel for \$10,000 for Dr. McCormack's services. It is said that Goebel's life was prolonged by Dr. McCormack until the legislature could meet and elect him governor of the state. — *Medical Record*.

CINEMATOGRAPH IN TEACHING SURGERY. — E. Doyen advocates the use of the cinematograph, having demonstrated its advantages in a number of operations. One of these advantages is, he holds, that surgeons will be able to teach the real progress made. It has enabled the writer to correct, simplify, and perfect operative technique. The most delicate manœuvres, such as suturing the pelvic peritoneum in abdominal hysterectomies, opening the dura mater in craniotomies, etc., may be followed. — *Medical Record*.

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## REVIEWS AND NOTICES OF BOOKS.

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INTERNATIONAL MEDICAL ANNUAL FOR 1900.

NATIONAL ECLECTIC SOCIETY REPORTS.

DISEASES OF THE NOSE, THROAT, AND EAR. Part I, Diseases of the Nose and Throat, by S. H. Vehslage, M.D., Assistant Surgeon to the New York Ophthalmic Hospital, Throat Department. Part II, Diseases of the Ear, by G. DeWayne Hallett, M.D., Assistant Surgeon to the New York Ophthalmic Hospital. New York: Boericke & Runyon Co. 1900.

The association of diseases of the nose and throat with affections of the ear in one volume is helpful to the student of these subjects in many ways. Too often a distinct line of demarkation is drawn, the intimate relations of one part of the body to another not being fully appreciated.

In this work, some two hundred and thirty pages are devoted to diseases of the nose and throat, and one hundred and thirty-seven to diseases of the ear.

The anatomy and physiology of these organs are briefly but clearly considered. The more common diseases are described, and indications for the appropriate homœopathic remedy are concisely written.

Attention is also given to surgical diseases. Some of the modern instruments are illustrated, and operative technique discussed. Yet, in reading this work, one cannot but wish that it contained some-



thing which would show the *raison d'être*. There are a number of recent publications which surpass this book in diction, illustration, and binding, while one can find quite as good homœopathic therapeutic indications in at least three of our own books on special subjects. We feel that at present this addition to the already large number of special text-books is hardly demanded.

On the whole, however, the authors are to be commended for their painstaking efforts.

CHEMISTRY AND PHYSICS. A Manual for Students and Practitioners. By Walton Martin, Ph.B., M.D., and William H. Rockwell, Jr., M.D.

This book we think is of special value to medical students. It gives "just enough" on each topic.

UROPOETIC DISEASES. By Bukk G. Carleton, M.D. New York: Boericke & Runyon. 1900.

This excellent work is practical, not theoretical. Its matter is contained in 371 pages, divided into thirty-one chapters. It treats of anomalies and diseases of the bladder and kidneys, with surgical and medical treatment, and chapters devoted to vesical and renal therapeutics, in addition to the remedies given under each disease. It seems a most useful book for the practitioner, who so often wishes to get at practical matter in a hurry. The indications for remedies, especially those given in the treatment of each disease, are especially to be commended as not being too many, but to the point. We heartily recommend the work.

NORMAL HISTOLOGY. By Edward K. Dunham, Ph.B., M.D., Professor of General Pathology and Hygiene in the University and Bellevue Hospital Medical College. Second edition, with 244 illustrations. New York and Philadelphia: Lea Brothers & Co.

In the second edition of this work the author has eliminated the section on morbid anatomy, which formed a part of the first edition. The whole volume is devoted to normal histology, with an added chapter on technique. The work has been thoroughly revised, and those who are interested in normal histology will note the gratifying result. The volume is intended for students in medicine. The

various subjects are very clearly stated and the accompanying illustrations are appropriate. The section on the nervous system is particularly well illustrated.

The chapter on technique does not give the intricate and complex methods for the preparation of tissues for microscopical study, but only those which in the author's experience yield the best results when employed by him, and by those who have had no previous experience.

The book is admirably adapted to its purpose. So far as we know, it is one of the best works on the subject.

The typography and binding are good.

S. C. F.

**TUBERCULOSIS.** Its Nature, Prevention, and Treatment, with Special Reference to the Open Air Treatment of Phthisis. By Alfred Hiller, B.A., M.D., C.M., Fellow of the Royal Medico-Chirurgical Society, London; Member of the Council of the Medical Graduates' College; Member of the Council of the National Association for the Prevention of Consumption and Other Forms of Tuberculosis; Hon. Sec. to the London Open Air Sanatorium. With thirty-one illustrations and three colored plates. London, Paris, New York, and Melbourne: Cassell & Co., Limited. 1900.

More than ordinary pleasure and profit will be the reward of those who read this work. In its 237 pages are contained practically all that is known of tuberculosis, and yet the book is not voluminous.

The author seems to have been able to sift out all unnecessary matter from past literature on the subject, retaining only those facts which are indisputable. He does not devote space to the discussion of theories, leaving the reader more in doubt than before, but gives at once a clear statement of the value of one theory over another. For instance, in Chapter III one is impressed with the fact that the disease is readily transmitted from man to man, that it is from the sputa of phthisical subjects that the greatest danger arises, and that dangers from inheritance are in comparison very slight.

The author by no means overlooks the facts of hereditary susceptibility, however; this is estimated at its true value at the beginning of the chapter above referred to. On page 89 he writes of the danger of hypertrophied adenoid growths in children, as presenting surfaces for the lodgment of and the transmission of tubercular bacilli; and again on page 110 he emphasizes the fact in connection with tuberculous milk.

The benefits of fresh air and sunshine are dwelt upon to some length; treatment in sanatoria and preventive measures are also considered.

One chapter is devoted to prevention by legislation and public action, etc.

The book is quite profusely illustrated, some of the colored plates being exceptionally fine. It deserves a wide circulation.

G. B. R.

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## PERSONAL AND NEWS ITEMS.

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DR. LENA H. DIEMAR has removed from 1626 to 1686 Massachusetts Avenue, Cambridge. Office hours, 2 to 4 P.M.

DR. BERTHA L. HOSKINS' Private Sanitarium in Brookline has been removed from 113 Harvard Street to 97 Francis Street, near corner of St. Paul Street.

DR. EDWARD W. BURT, Boston University School of Medicine, 1900, has located at Westport, Mass.

AN interesting communication has been received from Dr. Martha A. Sheldon, class of '88, Boston University School of Medicine, medical missionary in India, telling of her work there among the Bhotizas and Tibetans who have gone over into India. This year she and her colleague crossed into Tibet, penetrating about eight miles, but on reaching a village were turned back. She writes that she has a good deal of medical work to do.

NOTICE has been sent us of the death of a prominent homœopathic physician in one of our large Southern cities, and his practice, estimated to have been worth \$7,000 for the last year, is offered for sale. Terms are cash or percentage for a stated period, and payments can be arranged to suit the convenience of purchaser. For further information, correspondence can be directed to "Miller," care of Otis Clapp & Son, 10 Park Square, Boston.



DR. A. HOWARD POWERS has moved from No. 352 to No. 406 Massachusetts Avenue, Boston. Office hours, until 9 A.M., 1 to 3 and 6.30 to 7.30 P.M.

DR. W. H. STONE, surgeon, Providence, R. I., has removed his office to "The Channing, A," northeast corner of Smith and Common streets.

DR. LILLIAN G. PERRY has removed from 15 Garrison Street, Boston, to 34 Union Park.

DR. A. B. NORTON, 16 West 45th Street, New York City, announces his discontinuance of the treatment of ear diseases, confining his practice to diseases of the eye exclusively.

DR. FREDERICK A. FAUST, formerly of Poughkeepsie, N. Y., has located in Colorado Springs, Col., and would be glad to give his personal attention to any cases of pulmonary or throat trouble which may be sent to that climate.

DR. A. E. PERKINS has removed from South Ashburnham, Mass., to 82 Day Street, Fitchburg, where he will make an office specialty of diseases of the eye, ear, nose, and throat.

DR. JOHN F. WORCESTER, Boston University School of Medicine, '88, has removed from Clinton, Mass., to Dorchester, Mass., where he has taken the practice of Dr. N. L. Damon.

FOR SALE. — A large practice and house, or practice and rental of house, for a year in a district of 22,000 people. Apply to "A. B. S.," care of Otis Clapp & Son, 10 Park Square, Boston.

It is announced that the Friday clinics, 10 to 12 A.M., at the Massachusetts Homœopathic Hospital (during the service of Dr. Packard) are arranged as heretofore, to meet the convenience of physicians who may desire to see abdominal and gynecological surgery.

Clinics in general surgery are regularly held Tuesdays and Fridays from 9 to 10, and Wednesdays and Saturdays from 10 to 12.

# THE NEW ENGLAND MEDICAL GAZETTE

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## COMMUNICATIONS.

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### THE PSYCHIATRY OF CRIME.

FRANK C. RICHARDSON, M.D.

[Read before Boston Hom. Med. Society.]

That there may be no misapprehension as to the intent of this paper let me hasten to say that no dissertation on criminal sociology is proposed; neither is it intended as an exposition of the various types of insanity which may lead to the commission of illegal acts.

It is expected simply to serve as an introduction to further discussion by medical men, of the pathological processes constituting the physical basis of the psychiatry of crime and incidentally to make a plea for the less arbitrary ruling by those without special knowledge, upon matters concerning which only an expert is fitted to judge.

One of the brightest jewels in the diadem of advanced civilization is our attitude toward the criminal and the insane. Such a change has taken place in this respect that the revolutionary of yesterday has come to be the conservative of today. We no longer burn witches at the stake or break criminals at the wheel. On the contrary we have advanced so far as to have reformatories as well as prisons, and hospitals as well as asylums.

The humanity of the law has done much to divest punish-

ments of the spirit of revenge, and the precision of science has gone far toward establishing the pathological character of mental aberrations but a short time since shrouded in mystery.

With these greatly improved conditions it would seem, a priori, that in determining upon measures for social defense the law would in many cases depend naturally upon the knowledge of the medical expert to decide all cases in which doubt may arise as to the mental responsibility of the criminal. Scientific research has revealed the pathological lesion causing many mental diseases, and although there is unfortunately a large class of cases which we are constrained to call functional because the gradual evolution of improved instruments of research has not yet afforded means of demonstrating any actual morbid changes, we by deduction from known facts have established beyond reasonable doubt the conclusion that all disease of the mind is a derangement which is in no wise metaphysical but dependent upon physical changes in the intimate elements of brain structure. In like manner scientific research has been applied to the vital subject of criminology, and gradually the two lines of investigation have converged until they are found to have much in common of a pathological character.

Not until comparatively lately has much attention been given to the way in which criminals are produced. It was with them much as it was at one time with lunatics; to say of the former that they were wicked and of the latter that they were mad was thought to render any further explanation unnecessary, and any further inquiry superfluous. It is certain, however, that lunatics and criminals are neither accidents nor anomalies in the universe. There is nothing accidental, nothing supernatural, in the impulse to do right or the impulse to do wrong; both come by inheritance or by education; and science can no more rest content with the explanation which attributes one to the grace of Heaven and the other to the malice of the devil, than it could rest content



with the explanation of insanity as a possession of the devil.

That the treatment of the subject of criminology is receiving more intelligent consideration is evidenced by the multiplying works of scientific character upon this subject, chief of which may be mentioned Ferri's "*Criminal Sociology*," Lombroso's "*Female Offender*," Maudsley's "*Responsibility in Mental Disease*," and "*The Hereditary Nature of Crime*," by J. B. Thomson.

The latter, who in his official capacity as surgeon to the General Prison of Scotland has observed thousands of prisoners, declares that the majority of them are without moral sense—are true moral imbeciles; their moral insensibility is such that in the presence of temptation they have no self-control against crime. He quotes among other testimonies to a like effect the opinion of a medical friend much conversant with lunacy, and having had long experience among prisoners, who declared himself mainly impressed with their extreme deficiency or perversion of moral feeling, the strength of the evil propensities of their natures and their utter impracticability. He says: "In all my experience I have never seen such an accumulation of morbid appearances as I witness in the post mortem examinations of the prisoners who die here. Scarcely one of them can be said to die of one disease, for almost every organ in the body is more or less diseased; and the wonder to me is that life could have been supported in such a diseased frame.

"Their moral nature seems equally diseased with their physical frame, and whilst their mode of life in prison reanimates their physical health, I doubt whether their minds are equally benefitted if improved at all. On a close acquaintance with criminals of eighteen years standing I consider that nine in ten are of inferior intellect." Lombroso's "*Female Offender*" is a most scientific treatise teeming with conclusive evidence to the same effect.

Dr. Lombroso proceeds from the principle that there is an intimate co-relation between bodily and mental conditions and

processes. In accordance with this principle he commences with an examination of the physical characteristics and peculiarities of the criminal offender. As a result of this examination he finds that the criminal population as a whole, but the habitual criminal in particular, is to be distinguished from the average member of the community by a much higher percentage of physical anomalies. These anomalies consist of malformations in the skull and brain and face. The organs of sense are also the seat of many anomalies such as abnormal development of the ear, the eye, the nose, mouth, etc. Mental anomalies are visible among the criminal population in an absence of moral sensibility, in general instability of character, in excessive vanity, excessive irritability, a love of revenge, and, as far as habits are concerned, a descent to customs and pleasures akin in their natures to the orgies of uncivilized tribes. In short the habitual criminal is a product, according to Lombroso, of pathological and atavistic anomalies; he stands midway between the lunatic and the savage; and he represents a special type of the human race.

Ferri, Maudsley, Benedickt, Kraft-Ebing and others present us with abundant evidence that the majority of criminals are marked by defective physical and mental organization, one result of their natural defect, which really determines their destiny in life, being an extreme deficiency or absence of moral sense. In addition to the perversion or entire absence of their moral sense other important facts disclosed by the investigation of their family histories are, that a considerable portion of them are weak-minded, or epileptic or become insane, or that they spring from families in which insanity, epilepsy, or some other neurosis exists, and that the diseases from which they suffer and of which they die are chiefly tubercular diseases or diseases of the nervous system.

Crime in most cases is not then a simple affair of yielding to an evil impulse or a vicious passion which might be checked were ordinary control exercised; it is clearly in many cases the result of an actual neurosis which has close relations of

nature and descent to other neuroses, especially the epileptic and insane neuroses, the criminal psychosis being the mental side of the neurosis.

To quote from Maudsley: "There is a borderland between crime and insanity, near one boundary of which we meet with something of madness but more of sin, and near the other boundary of which something of sin but more of madness." In the endeavor to form a just estimate of the moral responsibility of the unhappy people inhabiting this borderland medical experience comes into collision with legal tradition and popular prejudice.

The legal mind with the laudable desire to protect the rights of society has not only strictly defined crime, but has sought to formulate exact and arbitrary rules for determining mental and moral responsibility, basing these rules upon the same reasoning that they would apply to the consideration of the legal responsibility of property holders, for example, and too frequently leaving the application of the rule to lay juries and judges whose only standard of reasoning is that over-rated faculty, "common sense."

So it has come to pass that without any scientific method the administration of justice has concerned itself with the punishment of the crime in the person of the criminal, and not thought it necessary to judge the criminal as well as the crime.

On the other hand the medical mind is convinced from special study and experience that a just estimate of moral responsibility will assuredly not be made until we get rid of the metaphysical measure of responsibility common in the minds of the laity, as well as of the theological notion that vices and crimes are due to the instigation of the devil, and proceed by way of observation and induction to sound generalizations concerning the origin of the moral sentiment, the laws of their development and the causes, course and varieties of moral degeneracy.

Such work lies distinctly within the realms of psychiatry, a



very special branch of medicine, and it seems not only unjust but absurd to accept as final the opinions in regard to this all important question of men who have had no special training or experience.

The inevitable question arises: When shall the plea of mental defect be considered valid in extenuation of crime? No special rules can be formulated for determining the question either of responsibility or capacity, and the only proper answer to this question in the light of the present condition of psychiatry, is that no person shall be considered guilty of a crime, if at the time the crime was committed he was suffering from any form of mental disease. Let the medical expert be called upon to state whether or not the accused is of sound mind, and if not he should not be held responsible for his acts. To qualify him for this important work the expert must have thorough training and large experience in this particular branch of medical science. There are few who without having had a special chemical training would venture to pronounce an opinion on the nature of the chemical evidence given in a case of poisoning, but everybody thinks himself competent to say whether a man is mad or not; and as the common opinion concerning an insane person is that he is either a raging maniac or that he has some outrageous delusion, it is no wonder that judgments have sometimes been rash and censures unjust.

Meanwhile the physician, confident in the assurance that patient and careful study of the psychiatry of crime, with the earnest desire to understand its nature, does fit him to express with authority the results of his experience, must not shrink from pronouncing his opinion, sincerely and fearlessly, however unpopular it may be.

To quote Conolly: "A wretch foredoomed to mental defect by malorganization or heredity, or driven mad by poverty, or by disappointment acting on a distempered brain, has no other friends in the world."

The same courage which causes the physician to brave the

dangers of pestilence should support him in this duty beneath the assaults of pestilent tongues and pens. Not the voice of the people calling for executions, nor the severities of the bench frowning down psychological truth, should shake his purpose as an inquirer and a witness. His business is to declare the truth. Society must deal with the truth as it pleases.

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### NEEDED LEGAL ACTION.

DR. GEO. S. ADAMS.

[Letter to Secretary of Boston Hom. Med. Society.]

DEAR DOCTOR NEWTON :

In complying with your request for an expression of opinion upon the relation of crime to insanity and the question of responsibility for criminal acts, I must first assure you that my views are determined chiefly by my experience among the insane, for I have seen very little of criminals, either in or outside of institutions.

It is certainly proper to regard both the insane person and the criminal as defective, though their defects are usually manifested very differently, and it is probable that in the final analysis of motives the acts of the criminal will be chargeable to his inheritance, his education and his surroundings, and the degree of responsibility under the laws of eternal justice will be found to be very slight, but judged by the laws of society as it exists today the criminal is justly responsible for his act. While under the same laws the insane person as certainly is not. Our laws clearly recognize the difference, and it is seldom there is a doubt of the justice of the penalty the criminal pays for his crime, and it is seldom that the insane person is held responsible for his acts.

This applies to the adult whose habits are formed and whose character is already developed. During the period of adolescence this clear distinction between the insane person and criminal cannot be so readily distinguished. During this time from puberty to the age of twenty-three to twenty-five

years development and growth are carried on together, and the defective and unstable brain may be given a bent in various directions in some apparently unimportant or exciting cause. The insanity of this period of life is known as adolescent insanity or hebephrenia, and quite recently as dementia præcox. It approaches and sometimes coincides in some of its manifestations to the acts of the criminal. A careful scrutiny may be needed to determine the accountability.

I have had a number of youthful cases where they had committed theft, or more properly kleptomania, and the desire to set fire to buildings has also been seen in several cases admitted here. Serious crimes are not uncommon. Several attempts at homicide have occurred, and in one case infanticide. Dr. John MacPherson in his recent work on "Mental Affections," sums up in a paragraph the results of this disease as follows :

"Many blasted careers, blighted prospects, and inexplicable life failures result from this disease. Large numbers of beggars and tramps, drunkards, prostitutes, and criminals in one stratum of society, and of eccentrics and borderland cases in other social strata, are the victims of dementia præcox."

While it is possible to make a mistake, and undoubtedly such cases have been committed to criminal institutions, I do not think it occurs very often. From my own experience I can say that it is rare to receive a patient who is not insane when committed as such, and I have entire confidence in the integrity and ability of our judiciary to discriminate and to secure the assistance of experts when there is any doubt about the condition of the alleged criminal, and even when an insane person has been sent to a reformatory subsequent examination by the institution physician can correct the error, and the law provides for the ready transfer to a hospital.

One thing I consider important and that is, that the resident or visiting physician to every institution for criminals should have some previous knowledge of insanity so as to readily discover the mental condition of those entrusted to



their care, for ignorance on their part will lead to the only opportunity it seems to me for serious injustice to be done. The only occasion when my attention was called to this aspect of the subject was when I visited the Sherburne prison, and Mrs. Johnson, the late Superintendent, called my attention to one woman who, in her opinion as well as in my own, gave clear evidence of mental unsoundness, but about whom the resident physician, a woman without any acquaintance with insanity, entertained a different opinion.

WESTBORO, MASS., Oct. 16, 1900.

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## EXTRA-GENITAL INITIAL LESIONS, THEIR PREVENTION.

BY ALONZO G. HOWARD, M.D., BOSTON, MASS.

[Read before Massachusetts Homœopathic Medical Society.]

Extra-genital initial lesions are more common than is generally supposed, and they are the cause of many mistaken diagnoses—just because they are extra-genital. It is not necessary to consult the works of specialists in this department to learn that a great many perfectly innocent children and adults are inoculated with the virus of syphilis, through ignorance, and, worse, the carelessness of others. According to Morrow, "Syphilis is communicated from one individual to another by the transference of the virus or contagious element peculiar to the disease, and is propagated in a definite manner, which could always be determined if all the facts relating to each case were known and correctly observed. It is never acquired in any occult manner—by the breath, or by mere proximity to an affected individual, unless there has been an actual transference and absorption of the contagious element of the disease.

For the entrance of the syphilitic poison through the skin or mucous membrane, either by direct or mediate infection, there must be a solution of continuity of the epithelial covering; the broken or abraded surface occurring at the time of infec-

tion, or previously. At the site where this entrance of the poison takes place, there occurs a chancre, primary lesion or a local lesion of syphilis."

Extra-genital lesions are acquired in various ways, and may be located on any part of the body. Kissing is said to be the most frequent cause.

Laundry-women, rag pickers, barbers, dentists, nurses and physicians have contracted the disease in the pursuance of their duties. Unclean hands, sounds, specula and other instruments being frequent carriers of the virus. The use of public towels, combs, brushes, drinking cups, spirometers, telephones, toilets and all public conveniences, make the transmission a very easy matter.

A great many cases could doubtless be laid at the door of the barber shop, or better to the absolute lack of cleanliness on the part of the average barber with his dirty, unclean clippers, shears, brushes, combs, sponges and other appliances. It is a matter of congratulation that the Boston Board of Health has taken this matter in hand, though I fear that the best results will not be obtained from poorly enforced laws.

Cases of extra-genital lesions have been traced to children sleeping with syphilitic parents. Healthy wet nurses have been inoculated by nursing syphilitic infants, and healthy infants have been inoculated by syphilitic wet nurses.

Contaminated pipes and cigars, the ordinary communion cups, money changers, such as conductors and paying tellers can be instruments of communication. Penholders for public use in postoffices and banks, are dangerous to the public health. Supposing a man should be so reckless as to use his lips for a pen rack, that pen having been previously held in the mouth or lips of a syphilitic? He is certainly running great risks.

These extra-genital initial lesions are located most frequently on the lips, hands, eyes, breasts, tongue, nose, abdomen, neck, ears, and eyebrows. Gaston d'Aulnay collected cases of ex-

tra-genital chancre of both sexes, reported by 19 physicians. There were 910 cases of chancre of the lips.

	CASES.		CASES.
Tongue . . .	110	Eyelid . . .	33
Breast . . .	373	Tonsils . . .	129
Chin . . .	82	Fingers . . .	91

And of the gums, palate, pharynx, cheek, nose, ears, temples, face, scalp, neck, arms, abdomen, buttocks, thigh, arm, leg, great trochanter, hand and back, 1313 cases, or a total of 2131 cases of extra-genital initial lesions reported by 19 observers.

Much can be done to prevent extra-genital lesions. First of all, physicians should sterilize every instrument *every* time it is used. And I think that some of our careful men would be surprised did they know of the utter disregard for cleanliness on the part of many practitioners, in this particular. I know a physician who does considerable gynecological work in a city of 25,000 people, who never sterilizes a vaginal speculum. Occasionally he does wash one, but his regular method is to wipe off the speculum with an old towel and toss it into a drawer in an old fashioned bookcase, where it lies until used again. I have seen him examine a patient suffering from a cervical carcinoma, and resort to this same method of "cleansing" his speculum.

Every barber should be compelled to sterilize all their instruments and take every possible precaution. There should be no public drinking cups at fountains, but the bubble drinking fountain should be adopted everywhere. Hotels and clubs and public toilet rooms should not furnish hair brushes.

Kissing is indulged in altogether too frequently and without due regard to the health of the other party. Telephones and public conveniences everywhere should receive careful attention at frequent intervals. People must be taught that the lips were not designed for a pen rack, nor for a purse, while making change. Individual communion cups should be adopted in place of the old method of passing a few cups around



from mouth to mouth ; and all Holy water should be composed of some good antiseptic solution. The public should know that there is a real danger in all public conveniences, and that not all men are equal.

And lastly, all syphilitics should be isolated during the period of danger, for treatment and for public protection, and a Massachusetts Sanatorium, for syphilitics should be established, for treatment and sanitary education, just as our consumptives are so well cared for at Rutland.

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### PUS IN THE FEMALE PELVIS.

WILLIAM F. WESSELHOEFT, M.D., BOSTON, MASS.

[Read before Mass. Hom. Med. Society.]

This paper is not intended to deal with all cases of pus collection in the true pelvic cavity, else those who have to be considered that are in the ischio rectal space of the pelvis as well. These are readily differentiated from pus collections that are intra-peritoneal from other sources or connected with the uterine adnexa, and it is with these it is proposed to deal, as they fall particularly to the province of the gynæcological surgeon. The common seats of abscess are :

1st. In the Fallopian tube, pyosalpinx.

2nd. In the ovary.

3rd. In the broad ligament.

4th. In the pelvic peritoneum.

Except for those of tubercular origin an abscess is the manifestation of the extension of some previous inflammatory process, and the cause of that process is universally now recognized as due to infection of some sort.

In former days traumatism either from the process of labor or as the result of surgical operation upon the uterus offered an avenue for infection. In these days when both labor and operation upon the cervix, curetting, etc., are conducted upon strict principles of surgical asepsis this is rarely the case, although it sometimes has to be reckoned with.

Probably the cause of a larger number of cases of purulent salpingitis than all others put together, is the wide spread disease, gonorrhœa. In all these cases whether from acute gonorrhœa or from a perhaps unsuspected gleet the course of the infection travels up from the cervix through the uterine canal to the tubes, and one or both may take part in the process, although by no means does gonorrhœa always set up a purulent condition or abscess.

The infection of the tubes may take place during the course of an acute gonorrhœa, going even to the extent of suppuration, or it may not travel into the tubes for months or perhaps even years after the primary infection.

Another potent factor in infection leading to abscess of the pelvis, is criminal abortion, occasioned either by the use of unclean instruments or hands, or to retained portions of the foetal membranes with decomposition.

Less common nowadays than formerly, probably, can cases of purulent infection be blamed to the use of carelessly cleaned or filthy instruments in the hands of gynæcologists. The modern gynæcological surgeon whose constant aim is to place his patient under the most absolute safety in an operation, knows that the most important factor to that safety, is surgical cleanliness, and that carelessness in any detail entails a definite danger for which he is alone responsible.

The use of the uterine sound in examination is to be deprecated except where it promises to give a large return in valuable information, and when used should be used with the full knowledge that it is an almost criminal procedure to pass it unless it is surgically clean.

In regard to bacteria, while most all regard them as the agents of infection, that the variety of the organisms seems to have little to do with the severity of the case except in the case of streptococcus and the tubercle bacillus is the conclusion of Drs. Whiteside and Walton, in a very recent excellent article on an exhaustive study of thirty cases. We may how-

ever until we have further light, feel that any infectious process may pave the way for one more severe.

It is interesting to look back a few years and to realize the immense change that has come over the consideration of and dealing with purulent processes in the pelvis. All this change has been won by close investigation and bold, careful work, coupled with the steadily increasing security of modern surgical intervention. Emmet, perhaps the greatest gynæcologist of his time, in the '79 edition of his work, has a chapter of more than thirty pages devoted to pelvic cellulitis, for the most part describing salpingitis, and no reference in the index to salpingitis at all. As a contrast, Kelly in his great work on gynæcology has no such reference to pelvic cellulitis but devotes many pages to salpingitis. Emmet held that barring infection of gonorrhœa, inflammation of the tubes themselves, now recognized as the commonest seat of pus in the pelvis, was secondary to lesions in the cellular tissue due to influences exerted through the blood vessels.

Purulent salpingitis and purulent inflammation of the ovary can rarely be differentiated from each other. Salpingitis is far the most common, and it is not uncommon to find pus in both tube and ovary. Secondary to the salpingitis is not infrequently found a collection of pus in the cul-de-sac of Douglas and an infiltration of the broad ligament as well.

The symptoms of pus in the pelvis may be of rapid onset, or more frequently of slow development, although frequently in the latter case exacerbations occur. The symptoms vary therefore in intensity from more or less dragging and pain in the pelvic region to symptoms of acute peritonitis. The pain is usually on both sides but may be on one only. Menstruation is usually disturbed, oftener the flow is increased rather than diminished. A discharge may or may not be present in the interval between menstruation. A woman may go on for a few months or even many months with more or less dragging and pain on more than slight exertion, and on exposure to cold, fatigue or unusual exertion, or without assignable



cause she may be laid up in bed with great pain which lasts for a few days or longer, with or without a fever.

In the cases where really violent symptoms exist and the pus collects rapidly, the woman is quickly prostrated, the pain is intense and the temperature may or may not vary much while it may be high, as well as the pulse, especially where the peritoneum is involved considerably. The process may even then subside and remain quiescent for a period or the pus may break through and evacuate itself into any of the contiguous organs, as the vagina, intestine, bladder, or peritoneal cavity. If such an evacuation takes place the pus of course discharges itself by whatever channel it enters, and a rapid and usually complete cessation of the symptoms follows unless of course this evacuation takes place into the peritoneal cavity. Not infrequently, however, the evacuation is not free enough and the process is repeated.

During the course of an operation on the tubes in which I assisted Dr. Smith, he came upon a fistulous opening between an old thickened tube and the bowel, where such an evacuation had occurred long ago. The tube was removed and the bowel closed with perfect recovery.

While it is possible that pus may become absorbed it is very unlikely. When once pus is present a woman has within her pelvis something which may take on a violent acute inflammatory process, and either end life quickly by rupturing into the peritoneal cavity, or threaten to by long continued sepsis.

A diagnosis, suspected from the history remote and present of the case, is made only by bi-manual examination. In the violent cases with the foregoing symptoms a large pelvic abscess that fills the space behind the uterus and bulges the peritoneal vaginal wall is very easy to make out. With the uterus fixed and a mass to one or both sides that is elastic, giving a feel of fluid, it is not difficult. Sometimes the form of the distended tube can be made out clearly, but this is not usual as great thickening of the ligament with adhesions in-

volving the ovary, the neighboring bowel and the solid feeling omentum obscures the anatomy and makes an irregular feeling mass.

There is a possibility of confounding some variety of pelvic abscess with extra-uterine pregnancy, with appendicitis, or with an ovarian tumor with twisted pedicle in both abscess and extra-uterine pregnancy. The painful symptoms may come on suddenly, but while bi-manual palpation may make out no difference, the history of suspicious pregnancy will be gained if suspected, and in doubt the future course must decide. If a rupture takes place the symptoms of pregnancy and abscess of course are different. The one is a collapse from loss of blood, the other is inflammatory.

From an ovary with twisted pedicle, I believe it might not be possible to differentiate although I have seen but one, a case of Dr. Emerson's, where the diagnosis between the two was doubtful. Here the ovary was well down in the pelvis, was immovable, exquisitely tender, and the condition had come on suddenly. In the history there had been several such attacks which had subsided but no disturbance of menstruation or discharge was acknowledged, and on opening above the case proved to be ovarian, and removal resulted in a cure.

Most frequent, though this is really rare, is the possibility of confounding a pelvic suppuration with appendicitis. The systemic symptoms may be the same but the tenderness in appendicitis is apt to be higher, the rigidity of the abdomen is not apt to be present in pelvic suppuration until we press just above the pelvis, while in a doubtful case in appendicitis it is apt to extend much higher up. A vaginal examination will probably clear up the question but here appendicitis may give rise to abscess in Douglas pouch and it may be very rarely almost or quite impossible to decide.

A rather remarkable case occurred in Dr. Bell's term three years ago. The woman had general peritonitis it was evident from appendicitis. On opening everything was covered with

pus and a tube the largest I have ever seen on the right side filled with pus was found imbedded in intestinal adhesions and lying as high as the umbilicus. This was removed and then a gangrenous appendix found and removed as well. This woman made a rapid recovery.

In the usual operation for salpingitis so often is the appendix found imbedded in adhesions and in a state of congestion, that it has become almost a routine practice with some surgeons to remove it. In several cases it has had to be removed subsequently to complete a cure, after the woman has undergone a previous operation for removal of pus tube.

The question of treatment really resolves itself into whether to wait awhile or to operate immediately during an acute attack. Each case must be decided upon individually, and I think when in doubt it is wisest to operate. In the cases which have recurrent attacks of salpingitis and there is a firm, tender mass on one or both sides it is perfectly safe to watch the case and, in the great majority, the acute symptoms will subside in a few days and gradually the patient recuperate up to her former condition. If the symptoms either continue unabated or are on the increase, the indications for operation are decidedly present. If the abscess points to and can be readily reached from the vagina, I believe the best plan is to open there and drain, breaking up pockets as much as is possible. If the abscess cannot readily be reached in this way an abdominal opening is indicated with enucleation of the mass if possible. In old cases with a certainly diseased uterus and both appendages affected I think vaginal hysterectomy and removal of tubes and ovaries offers the best result. The reason for operating is two-fold. One is the removal of diseased organs, the other is the avoidance of rupture into the abdominal cavity with certain death as a result. It is happily rare that the rupture takes place this way, but it does occur and no one can be certain that in a violent case of pelvic abscess it will not.

General peritonitis without surgical relief is absolutely fatal.



With prompt surgical interference the mortality is greatly reduced, but every surgeon rightly counts every case saved as a triumph of his art.

There has been a large experience now with one organ in the abdominal cavity, the vermiform appendix, and no one hesitates to operate during an acute attack. I have never seen a case of uncomplicated appendicitis lost, that was operated upon before rupture, gangrene, or general peritonitis was present. To a less degree owing to its position does rupture of the tube threaten, but it still is a danger. There is really no more objection to operating in an acute attack of salpingitis than there is an acute attack of appendicitis, except that a far greater number of cases keep confined to the pelvis and do not rupture and give rise to general peritonitis than do cases of inflamed appendix. I have seen two cases that died of ruptured tubal abscess. One was brought to the hospital early one morning moribund, and died before she was seen by a surgeon. The autopsy showed a large abscess of the tube ruptured, and a general purulent peritonitis. The other, some years ago came into the hospital and while the diagnosis of suppurating pyosalpinx was made it was deemed wise to wait until the attack subsided. She apparently grew no worse, the inflammation seemed confined to the pelvis, but suddenly went into a collapse and died. Here also the autopsy showed a ruptured tubal abscess and general purulent peritonitis.

On the other hand I do not recall but one case that died which was operated upon, although these are few in number, during an acute attack of tubal abscess, as only rarely do the symptoms seem to demand prompt interference. This one exception was a case of large tubular abscess of both sides. It had been previously opened through the vagina and drained, but the case was not relieved and was in a desperate condition. It was in Dr. Bell's term and at his request I made a complete removal vaginally, but without saving the patient.

Most cases of pelvic abscess that can be readily reached and drained by the vagina do well.

I recall the case of a young lady who some years previously had had much local treatment for a displacement. She came under my care with an attack of pelvic pain. Her temperature was normal to 99°, her pulse never went above 80°; the pain increased, became violent. It was confined to the pelvis and the tenderness did not extend much above the pubis. I evacuated through the vagina an enormous foul smelling pelvic abscess with immediate relief and speedy recovery. She has since, it is now over two years, been perfectly well, but her uterus is drawn to one side and fixed in thickened tissue. I have little doubt that the seeds of that abscess were sown by a uterine sound some years back, for she was unmarried and of undoubtedly unblemished character. As a contrast to this, recently in the hospital, at the end of the term, I twice evacuated through the vagina a double pyosalpingitis, each side containing a large quantity of pus. The case did not improve. She came under Dr. Smith's care the next term. He removed the two appendages abdominally, when she made a complete recovery and has left the hospital.

The question of whether to leave the uterus or not has again to be decided on the merits of the case. With a distinctly diseased uterus it is probably wiser to do a complete operation and thus avoid the probability of having to remove the uterus later, for a number of cases of double pyosalpynx have returned and been relieved only by a subsequent hysterectomy. As a rule, however, I believe it best to leave the uterus, as the operation is shortened, and if necessary it can be removed by the vaginal route later.

Pus remaining anywhere is of no value. Pus in the pelvic cavity is a disturbance of health and a menace to life as long as it remains.

## EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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It has been the policy of the Boston University Medical School to brag, as it were, for many years over some advances in medical education which they were the first to make and this perhaps is well, for who will know you are smart if you don't tell them, or who will have a good opinion of you if you do not have one of yourself. To establish a reputation for being the foremost in needed reforms is one thing, to maintain it is another. Maintenance can only be by ever watching the signs of the times and taking advantage of their import. One sign now to be read is unmistakable. It is that more, much more, advanced educational training must be required before a student is permitted to enter on purely professional studies. As evidence of this see the remarks of President Kippax at the opening of the Chicago Homœopathic Medical School, as follows: "It is apparent that in many of the better medical schools the minimum entrance requirements will soon include the first year, if not the first two years, of a college course. The demand today is for physicians of such breadth of culture that the degree of doctor of medicine should represent not only a professional, but also a liberal education. As another has said, 'This is an era of the trained professional man.'"

Also the following from the *Boston Herald*: "Dr. Edward W. Holmes of Philadelphia, a physician and a member of the faculty of the University of Pennsylvania, takes a gloomy view of the cause of liberal education in that state, in view of the fact that a large majority of those whom the professional schools send out into life are without that thorough general



preparation which is denoted by the bachelor's degree of a reputable college. There are hundreds of doctors, lawyers, engineers and other professional men turned out every year who are without the artistic and literary training which the college academic course alone can give. In the four most important educational institutions of the state, only 123 literary degrees were given last commencement, and 575 degrees for purely technical or professional acquirements. Taking Yale, Harvard and Princeton, the proportion is emphatically reversed. The literary degrees given were 1485, and the professional degrees 403. Dr. Holmes believes that the professional man who knows nothing but his own profession is at a great disadvantage, even in his professional career. This is now generally recognized by educators and by the half-educated professional men themselves, who soon discover their comparative misfortune. But the remedy is in the power of the Pennsylvania institutions themselves. Let them make the rule which prevails herabouts, that men must have a liberal education before they will be received into the professional schools."

It would be well for the Medical School to look to its laurels if it wishes to maintain its claim for being the first in needed improvements.

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#### **WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.**

The annual meeting of the Worcester County Homœopathic Society, a report of which will appear later, was a very profitable and pleasurable time. The President, Dr. A. C. Bray, presided with dignity and grace and the post-prandial speakers were felicitously introduced by Dr. Le Forest Martin of Lowell. The chief address was by Dr. William M. Butler of Brooklyn, N. Y., Ex-Superintendent of the Middletown Insane Hospital. His subject, "Homœopathic

Institutions of New York," was treated in a way that showed his knowledge and familiarity not only with their successful management, but with all the hard work that led up to the founding and establishment of them all. He took occasion to say a good word for the "political doctor," and to demonstrate that in the establishment of all medical institutions which necessarily come under State control, the "political doctor" was a necessity and worthy of all gratitude for what he did in a political way. We ourselves think it would be a grand thing if we had a few men in our own State.

Dr. De Witt Wilcox of Buffalo, N. Y., and Dr. F. B. Percy of Brookline also responded to toasts in a very happy manner.

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By the death of Arthur S. Murray, M.D., of Fair Haven, the profession in Vermont has lost one of its best practitioners and Homœopathy one of its ablest advocates. Dr. Murray was born in Oswell, Vermont, July 5, 1849. He came of good old New England stock, to which was due no doubt in a large measure, his sturdiness of character. His preliminary education was obtained in the common schools and in the academy at Barre, Vermont. After graduating he began the study of medicine in the office of Dr. G. E. E. Sparhawk of Burlington. He took his first courses of lectures in the University of Vermont and his last at Hahnemann in Philadelphia, graduating in 1882. He soon afterward settled in Fair Haven, Vermont, where he practiced until his death, which occurred August 19th, 1900. Dr. Murray was a man of the most genial and kindly disposition, which endeared him to his patients and to all with whom he came in contact. He was a member of the Vermont Homœopathic Medical Society and of the American Institute of Homœopathy.

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EDITORIAL NOTES AND COMMENTS.

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The "Hampden Homœopathic Hospital," the new Springfield hospital which was made possible by the munificent gift of Mr. D. B. Wesson of Springfield, was formally opened on November 13th. We know our readers will be interested in the following account and description of the building, its management and environment, which we clip from the *Springfield Union*.

The location of the new hospital is all that could be desired. It is central, but removed from the noise of traffic, being situated on the corner of Myrtle and High streets, and is easy of access from all parts of the city. The State street cars are only a block away, but no noise of the street ever penetrates as far as the hospital. The building is surrounded by extensive grounds which will afford a fine place for convalescents to take the air when the weather is warm. There is also a never-failing spring of pure water on the grounds, so that the patients will not be obliged to drink the unwholesome Ludlow extract.

The house was very easily adapted to the purpose to which it will be put in the future and only a few alterations were necessary. There were originally eighteen rooms, but by some changes in the arrangement of the interior the number has been increased to twenty-one. The plan of the rooms before the change was well ordered, which enabled the alterations to be made without tearing out any of the interior. On the first floor are five large rooms, on the second there are seven and the remainder of the rooms are in the basement and on the third floor, where two wards have been fitted up.

None of the interior decorations on the first floor have been changed, and, with the exception of retouching the finish on the walls of the hall and in the rooms, everything remains as formerly. This part of the house is called the medical department, while the floor above is known as the surgical department. The walls and ceilings of the rooms on this floor have been repainted with a preparation known as porcelain paint, in various soft shades.

On entering the main door one comes into a commodious hall finished in two shades of brown, giving a soft, subdued effect. Leading directly from this hall on the right are two wards, which are called the Powers and Beebe wards respectively. The Powers ward is in what was the front parlor and the Beebe in the old music room adjoining. Both are bright, spacious rooms with high ceilings and at present have four beds each, but if necessary an extra bed can be put in each without crowding. The rooms have an eastern and southern exposure, which insures plenty of sunlight on winter days. At the end of the hall is the administration room, furnished with oak chairs, bookcases and table. Directly to the rear of this and leading from it is the matron's office.



This will be fitted up with telephone and speaking tubes connecting with all parts of the house. A dumb waiter has been put in the hall from the basement to the third floor.

The principal part of the second is the operating and sterilizing rooms, which adjoin. These occupy the two rear rooms at the end of the main staircase, and from their situation are well lighted, which is particularly essential in the operating room. The operating room is also walled with marble about three-quarters of the way up, and like the sterilizing room is painted with white porcelain paint, which hardens like tiling and can be washed with acids or antiseptics without injury to the finish. The other rooms on this floor are painted with the same preparation of different shades. The operating room is lighted with two windows, one of which is very large and situated so that the operating table can be drawn close to it. In addition to this there is a special arrangement of electric lights with a reflector to concentrate the light to be used in case of emergency when an operation is necessary at night. The furniture in both rooms is all finished in white. That in the operating room was given by Clarence O. Bigelow of New York, a well-known druggist of that city, and president of the New York College of Pharmacy. The marble of the floor and walls was given by Mrs. Rebecca Gordon, in memory of her husband, the late Dr. S. J. Gordon. The Cleveland operating table is of the latest improved pattern, built of iron and glass. It is the only one in use in this part of the state, and only a few hospitals in New York are equipped with them. The utensils in this room are all of porcelain-finished iron. The doors leading into the room are swung on pivots, which reduces the noise to the minimum. A large instrument case occupies a place on one side of the room and contains a fine set of surgical instruments.

The sterilizing room was furnished by George B. Holbrook, who purchased the marble for the floor and the sterilizing apparatus. The apparatus consists of hot and cold water sterilizers, a bandage sterilizer and an instrument sterilizer. Each sterilizer is of latest pattern, and like the surgical instruments, were made by the Knyscheerer company of New York.

The remainder of the second floor is devoted to private rooms and a ward. There are four of these rooms which were furnished by Cheney Washburn, Mrs. Arthur Long, A. C. Buell and Mrs. William Jones, and what will be known as the Richard W. Rice ward. On the third floor are two wards which will be for the men, one has five beds and the other two. These are the Olmstead and Bosworth wards. The remainder of this floor is used as sleeping rooms for the nurses and servants. In the basement will be the kitchen, dining room and laundry.

The entire house is fitted up with electric bells and speaking tubes to facilitate the work. Electric lights or gas can be used should one or the other fail. The floors are all finished in hardwood and the finish of the walls on the second floor can be washed with disinfectants, insuring immunity from germs. The beds are all of white enameled iron, and of light, durable structure, which allows them to be moved about easily. Twenty-five bedside tables will be used. The situation of the house gives plenty of air and

light, and there are no dark rooms in the building. The arrangement and equipment of the hospital make it one of the best in this vicinity.

The medical staff of the hospital is composed of well-known practitioners in this city and the consulting physicians are prominent in their profession in New York and Boston. The hospital will have a matron, an assistant matron and three nurses at first and the number will be increased as the occasion demands. Mrs. Martha Taylor, who has been assistant matron in Memorial Hospital in Brooklyn for the past three years, will act as matron here. She will not take charge until December 1, and in the meantime Miss Campbell, a graduate of the Victoria Hospital at Montreal, who is to be assistant matron, will act in Mrs. Taylor's absence.

The medical staff of the hospital is as follows: Physicians, O. W. Roberts, F. M. Bennitt, Plumb Brown and Clara M. Sweet; consulting physicians, George G. Shelton of New York, J. P. Sutherland of Boston, George H. Smith of Holyoke and A. M. Cushing; assistant physicians, Clarice J. Parsons, Alice E. Rowe and James M. Gates; surgeons, J. H. Carmichael, H. E. Rice; assistant surgeons, Robert F. Hovey, Harrie W. Greene, James B. Comins, Seth A. Lewis; consulting surgeons, Dr. Sidney F. Wilcox of New York, Dr. Nathaniel W. Emerson of Boston; oculist and aurist, George Rhoades; rhynologist and laryngologist, Charles R. Chapman; bacteriologist and pathologist, Harrie W. Greene; electro-therapeutics, Clarice J. Parsons; anesthetics, James M. Gates and Alice E. Rowe; dental surgeon, C. S. Hurlbut, Jr.

The corporation officers are: President, D. B. Wesson; Vice President, L. J. Powers; Secretary, William W. McClench; Treasurer, H. H. Bowman; Corporators, D. B. Wesson, L. J. Powers, George B. Holbrook; Henry Beebe, A. N. Mayo, W. E. Wright, A. W. Damon, H. C. Rowley, W. W. McClench, O. S. Greenleaf, E. P. Chapin, H. H. Bowman, W. F. Sturtevant, Dr. J. H. Carmichael, C. C. Lewis, H. E. Marsh.

Trustees, George H. Holbrook, W. C. Newell, Fred C. Wright, Philip C. Powers, Mrs. O. B. Ireland, Mrs. F. H. Page, Dr. Clarice J. Parsons, Miss Harriett S. Rowley, Miss Annie Bailey, Miss Hattie Thrall, Mrs. J. H. Carmichael; Advisory Board, L. J. Powers, Chairman; W. C. Newell, Mrs. O. B. Ireland, Mrs. J. H. Carmichael, Miss Harriett S. Rowley; Executive Committee, Dr. J. H. Carmichael, Dr. O. W. Roberts, Dr. F. M. Bennitt; Building Committee, Dr. J. H. Carmichael, L. J. Powers, Miss Annie Bailey.

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## SOCIETY REPORTS.

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### BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held at the Boston University School of Medicine, Thursday Evening, Nov. 1, 1900, at 8 o'clock, the President, F. W. Halsey, M.D., in the chair.

The records of the October meetings were read and approved.

The resignation of Dr. Annie M. Gannon, of Boston, was accepted.

Under the head of unfinished business the Resolution providing for a Standing Committee on Legislation, proposed at the regular meeting of the Society held October 1st, came up for final action.

After a lengthy discussion, the resolution was laid on the table until the next meeting, in order that the Executive Committee might re-draft it and present it in proper form.

The matter of a special assessment caused much discussion, some of the members wishing the matter to lay over until another meeting, but Dr. Percy's motion to put it through at that time was adopted.

It was voted that the Secretary be instructed to extend to the family of Mrs. I. T. Talbot the sincere sympathy of the members of the Society in their great affliction.

#### REPORT OF THE SECTION OF MATERIA MEDICA.

*Frank A. Hodgdon, M.D., Chairman, Alonzo G. Howard, M.D., Secretary, Grace Marvin, M.D., Treasurer.*

The President appointed Drs. Mann, N. R. Perkins and H. O. Spaulding a committee to nominate sectional officers for the ensuing year. The committee reported as follows: Chairman, C. H. Thomas, M.D.; Secretary, Mary R. Mulliner, M.D.; and Treasurer, Hovey L. Shepherd, M.D., who were duly elected.

#### PROGRAMME.

1. "Therapeutics Applied to the Digestive Organs. Conrad Wesselhoeft, M.D.

2. "Some Throat Symptoms of Lachesis. Maurice W. Turner, M.D.

Discussion opened by F. A. Hodgdon, M.D.



3. "An Experience with Two Headache Remedies." F. P. Batchelder, M.D.

Discussion opened by Edward E. Allen, M.D.

#### DISCUSSION.

1. Dr. Conrad Wesselhoeft stated that his paper on "Therapeutics Applied to the Digestive Organs," was intended to supplement one he published some years ago concerning homœopathic remedies in dyspepsia.

Dr. Percy : I would ask if the discussion of this paper might be deferred until the other papers have been read ? Otherwise those who have prepared papers will find the time taken up.

Dr. Turner : I should be glad to wait, if the members would like to discuss Dr. Wesselhoeft's paper while it is fresh in their minds.

2. "Some Throat Symptoms of Lachesis." Dr. Turner's paper was a very clear and concise study of the throat symptoms of Lachesis, and these were in turn differentiated from the symptoms indicating many of the serpent poisons.

3. "An Experience with Two Headache Remedies." Dr. Batchelder said in part : It is currently reported that we have ceased to be homœopathists except in name. Though *Materia Medica* is said to be the keystone of our arch, yet at the meeting of the American Institute that was the last section to report, special ones taking up most of the time. A brief extract from the records of the first meeting of the Society, December 20, 1840, was given, which stated that the object of the meetings was to consider the doctrine and statement of cases, and for fifteen or twenty years the characteristics of all their meetings was the relation of personal experience. Dr. Batchelder regretted that the relation of personal experience was not more common, calling attention to the object of the meetings as stated in the constitution.

Sanguinaria and Belladonna were two remedies to which he referred particularly.

Case 1. This case was one I had when a student. The patient was a woman, with three children, who did all her housework. In her girlhood was able to walk twenty miles a day. Was subject to a headache every two or three weeks, the pain being so severe she was obliged to go to bed, and light troubled her so much that the room had to be darkened. I prescribed sanguinaria, and in a very short time she was relieved. She has since been obliged to take sanguinaria occasionally, but she has gone some time without a headache.

Case 2. Patient had weekly headaches, which came on during the day. I went carefully over the case. She could sit up but a short time during this period, was always nauseated, usually vomiting once. In this case strong light did not increase the headache. Glasses fitted perfectly. Gave her sanguinaria, hoping it might do some good. I was surprised to find relief so prompt. On the first of April she came to me for treatment. Later in the month I saw her again, she had gone without a headache for a month. Five weeks after she had had no headache, and wanted some medicine to take with her into the country. I wonder if the law *Similia Similibus Curantur* would account for this result.

Case 3. This patient had never worn glasses; had had headache for a period of three or four years; increased in severity; could not get the least fatigued without a headache. Was a somewhat plethoric individual. Headache invariably commenced in the morning, characterized by a throbbing pain. On carefully looking over her case I found the pain was referred almost entirely to forehead and temples, and that the appetite and digestion were not disturbed. It seemed to me there were evidences of astigmatism. I gave belladonna with considerable relief, but was persuaded that unless there was more power in belladonna than I supposed, it would not remove the difficulty. I suggested glasses for her, and she

went to an oculist and was fitted ; the headaches vanished.

Dr. Allen : I will merely mention my experience with one or two of these remedies, as the hour is late.

I remember the case of a woman fifty-five years of age, who had been a follower of homœopathy for many years, receiving treatment from the late Dr. Henry A. Houghton. After his death she drifted into the hands of the old school, but without relief. She was troubled with a headache accompanied with vertigo, the pain and dizziness commencing in the occipital region, passing over the right side and locating itself back of the right eye. The trouble was always worse in the morning, when she got up, and she was apt to be nauseated. She had a nervous temperament, was inclined to be melancholly, and brooded a great deal over the death of her husband, whom she had lost some five years ago. Upon studying the case I decided to give *sanguinaria*, which I did in the 2x dilution. At the end of a week she came back feeling better, and the remedy was continued for three weeks longer with the result that she was permanently cured.

The belladonna case of the Doctor's calls to mind another remedy very useful in my experience for throbbing headaches and that is *glonoin*. Under this remedy the head feels large and the throbbing is very intense, more so than under belladonna. This remedy served me well in the case of a woman fifty years old and weighing two hundred pounds, who came to me early last summer. She said that her head felt much too large ; and the throbbing pain was very severe. Her face was very red and the carotids pulsated visibly.

I gave her *glonoin* 3x and she reported entire relief one week later. In my experience *glonoin* cannot be given much below the 3x dilution without aggravation.

Another remedy very useful in headache commencing and more or less located in the occipital region is *gelsemium*. The pain is apt to extend down the back of the neck and the muscles here are sore, causing pain when the head is rotated. The pain passes forward and locates back of the eyes. The eye-



lids are heavy ; the patient has difficulty in keeping the eyes open, and complains of flashes of light. With this condition we may find general soreness all over the body. Gelsemium will help such a condition very rapidly.

Dr. Percy : I wish to corroborate what Dr. Batchelder has said regarding sanguinaria. More than that the great charm of homœopathy in prescribing for headache is, that it does not only relieve the pain, but removes the cause which existed. If I could refer to my note book I could show you scores of chronic sick headaches in which iris versicola has absolutely eradicated the trouble. I have in mind one family. The father was a sufferer from sick headaches, which had descended from father to child. Prescribed iris versicola, which removed the difficulty. A daughter of this gentleman, before going away, came to me for some of the medicine which had done her father more good than anything else, to take with her, as she felt she was liable to have the headache, though she had not as yet.

A young lady told me recently of her brother, who was in a hospital for an operation. After the operation had severe headaches which the attending physician did not relieve. She asked permission to prescribe, giving him sanguinaria, which relieved the pain, and there was no return of the headache for two or three weeks. Then it came on again. The physician in charge said it would do just as well to give him sugar and water, telling the patient it was the same medicine he took before, but unfortunately it did not relieve, and the sister prescribed again with the same result.

Belladonna, it is not necessary to mention, as the indications are well known and unmistakable.

Dr. Hodgdon : I like the method which has been followed this evening. When I studied *Materia Medica* that is what I started in with, remedy characteristics. If we can get eight or ten characteristics of any one remedy, we are pretty sure of its indication ; if we find one-half that we do not find in

other remedies, we are pretty sure this is the one. Then I like this method of the comparison of remedies, as has been done with belladonna and sanguinaria. It seems to me that the treatment of this paper by Dr. Turner will benefit us all, and that the differentiation of lachesis from other remedies was treated in a clear manner, and I have been much interested.

Dr. Klein: I wish simply to mention a queer experience of mine with gelsemium. I prescribed three drops of the 3x dilution of the drug in half a glass of water, a teaspoonful to be taken every three hours. All night the patient saw a row of babies hanging on a line in front of her, one after another falling down. When I stopped the medicine the trouble was gone and did not return. Caution should be used, if so small a dose will cause so much trouble.

Adjourned at 10.10. EDWARD E. ALLEN, *Secretary*.

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## NOTES ON PATHOLOGY.

CONDUCTED BY S. C. FULLER, M.D., PATHOLOGIST TO THE  
WESTBORO INSANE HOSPITAL.

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### **Granular Degeneration of the Erythrocytes and its Significance in Clinical Pathology.**

GRAWITZ (Am. Jour. Med. Sciences CXX., p. 277), discusses the presence of granules in the red corpuscles of the circulating blood and claims for their demonstration a positive diagnosis of a degenerative condition. These granules are demonstrated by preparing coverslip smears in the usual way, drying them in the air and fixing in 99 per cent. alcohol. They are then stained with a basic dye—methylene blue or hæmatoxylin alone, or in combination with an acid stain. In the latter case Eosin is preferable. If a "granular degeneration" be present, small, dark blue granules will be observed in the protoplasm of the red cells. In chronic lead poisoning

these granules appear uniformly in the blood. He calls attention to the pallor so prominent in Saturnism and the absence of abnormal histological changes in the blood, and claims that in doubtful cases this sign is diagnostic. - Granular degeneration is also found in the red cells of progressive pernicious anæmia. Since in his opinion "the majority . . . of these cases (progressive pernicious anæmia) . . . depend upon disturbances of digestion and assimilation of food stuffs, . . . absorbed poisons cause degeneration of red cells." Thus the process is observed in leukæmia, late stages of Hodgkins disease, malaria and carcinoma situated in parts of the body where the poison can be readily absorbed, and in suppurative conditions. This granular degeneration, on the other hand, is not observed in chlorosis, except there be digestive disturbances, and in tuberculosis of the lungs, so long as suppurative cavities and hectic fever do not exist.

### **An Experimental Study of Oxaluria With Special Reference to its Fermentative Origin.**

HELEN BALDWIN (Jour. Experimental Med V. p. 27), reports a series of experiments with reference to determining the clinical significance of oxaluria. Her conclusions based on animal experimentation, including human, are as follows :

1. "As varying amounts of calcium oxalate may be held in solution in the urine, conclusions based upon the number of calcium oxalate crystals found therein are of no real value as an indication of the quantity of oxalic acid present."

2. "Unless the utmost care is exercised, the results obtained are subject to large percentages of errors." . . .

3. "An ordinary mixed diet regularly contains traces of oxalic acid."

4. "A portion of the oxalic acid ingested with the food may be absorbed and reappear unchanged in the urine."

5. "The normal daily excretion of oxalic acid in the urine fluctuates with the amount taken in the food . . . being usually below ten millegrammes."



6. "In certain clinical disturbances in some of the cases studied . . . associated with absence of free HCl. in the gastric juice oxalic acid is found in the organism."

7. "In health no oxalic acid, or only a trace, is formed in the body, but that present in the urine has been ingested with the food."

8. "This formation in the organism is connected with fermentative activity in the alimentary canal."

9. "The symptoms attributed to an oxalic acid diathesis, with the exception of those due to local irritation in the genito-urinary tract do not appear to be due to the presence in the system of soluble oxalates, but are more likely to depend on other products of fermentation and putrefaction."

### **Histology of Acute Lobar Pneumonia.**

PRATT (Contributions to Science of Medicine, Dedicated by His Pupils to William Henry Welch on the Twenty-fifth Anniversary of His Doctorate, 1900,) has contributed to the knowledge of acute lobar pneumonia from autopsies on fifty cases of the disease and summarizes as follows: "Early in the disease the alveoli contain many cells almost identical in appearance with the transitional cell of the blood. They are usually slightly larger than the polymorphonuclear leukocytes and contain an irregular vesicular nucleus, surrounded by a protoplasm containing either a few granules or none at all. . . . Their origin is uncertain. They probably arise from proliferation of the cells lining the alveoli. . . . Similar cells are found in the lymphatics, blood vessels and interstitial tissue of the lung, in the pleural exudate, and in the bronchial lymph nodes. Large phagocytic cells are found in all stages of the diseases . . . resembling the phagocytic cells described by Mallory (Jour. Ex. p. Med. III. p. 611) in typhoid fever. . . . "The fibrin" he claims, "is not formed by a degeneration of the alveolar epithelium, but comes exclusively from the blood."

**Primary Splenomegaly.**

BOVAIRD (*Am. Jour. Med. Sciences* CXX., p. 377), reports two cases of idiopathic splenic enlargement, a condition which he believes has been hitherto unrecognized. There are but two other complete reports of similar cases in the literature of the subject. The condition appeared in two members of the same family, sisters. The enlargement began from second to seventh year and in one case lasted thirteen years. There was also secondary enlargement of the liver. The condition is differentiated from the splenic enlargement of leukaemia, malaria and syphilis, resembling more the latter condition, than any other.

The principal histological changes are marked proliferation of interstitial tissue and proliferation of rather large granular endothelial cells which can be seen usurping the places of the lymph follicles. He does not consider the process an endothelioma because the growth is not autonomous. Neither does he consider the presence of similar cells in the liver of metastatic origin for the same reason, but attributes their presence to toxic conditions. The spleen which he studied histologically was removed in the operation for splenectomy, and from which the patient died. Its weight was twelve and one-half pounds, while the total weight of the patient was only 75 pounds.

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**REVIEWS AND NOTICES OF BOOKS.**

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BACTERIOLOGY AND SURGICAL TECHNIQUE FOR NURSES. By Emily M. A. Stoney, Superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill., author of "Practical Points in Nursing, etc. Illus. Philadelphia: W. B. Saunders & Co. 1900. pp. 190. Price, \$1.25 net.

Not so long ago a nurse served in that capacity without either special fitness or special training. Not so the nurse of today. For her there is a training school, to which entrance is obtainable only

upon satisfactory evidence of suitability. Tomorrow, or in the next few years we may expect to see a training college, instead of school, so rapid is progress in this direction. Certain chapters in this last book by Emily Stoney, such as those on bacteriology and the theory of antitoxins, are, for nurses, almost adapted to the future impending college course. One can fancy such subjects being somewhat puzzling to the average young woman, who is generally without the previous preliminary knowledge and mental training which aid the ordinary student to comprehend them. However, the treatment of these topics is necessarily, and perhaps advantageously, superficial. The greater part of this very brief manual is well adapted to the class for which it is written, being simple, practical, and devoid of technical details. In addition to some seventeen short chapters on appropriate subdivisions of the subjects indicated by the title, a few pages of the book are devoted to the signs of death and the conduct of autopsies.

A DICTIONARY OF MEDICINE AND THE ALLIED SCIENCES. By Alexander Duane, M.D., Assistant Surgeon to the New York Ophthalmic and Aural Institute, Reviser of Medical Terms for Webster's International Dictionary. Illus. Philadelphia: Lea Brothers & Co. 1900. pp. 656. Price, cloth, \$3, *net*; flexible leather, \$4, *net*.

In this dictionary, in the words of the author, may be found the "pronunciation, derivation, and full explanation of medical, pharmaceutical, dental and veterinary terms, together with much collateral descriptive matter, numerous tables, etc." This being a revised edition it has been possible to make in it several improvements, such as the omission of obsolete words, and of words commonly found in general dictionaries, the insertion of the latest approved medical terms, and considerable descriptive and explanatory text. Under each drug, for instance, is given an account of its action and therapeutic uses, together with its officinal preparations. The causes, symptoms and treatment of diseases follow definitions, and the structure and functions of important organs is outlined. This encyclopædic treatment of words as representing subjects for consideration, and not merely as terms for definition, is a marked feature of the book.

The material included in the dental and veterinary lists should be very complete, being the work of specialists.



There are many facts presented in tabular form, such as the elements, anatomical data, the exanthemata, poisons and antidotes, the more important varieties of fermentation, micrococci, and a table of changes of vocal signs in disease.

The pronunciation of all words is given with an accuracy that one occasionally feels disposed to question.

A series of eight full-page colored plates, an unusual supplement to a work of this kind, contains representations of bacilli and micrococci, casts and other urinary sediments, centres of cerebral cortex, the human embryo, leucocytes and erythrocytes, malarial plasmodia, staphylococci and streptococci.

ATLAS AND EPITOME OF GYNECOLOGY. By Dr. Oskar Schaeffer. Translated from the second revised and enlarged German edition. Edited by Richard C. Norris, A.M., M.D. Illus. Philadelphia : W. B. Saunders & Co. 1900. pp. 272. Price, \$3.50, *net*.

Few works on gynecology at so reasonable a price, compare favorably with the present one as regards quantity and quality. The expense of getting out such a book must be heavy, for it is copiously illustrated by some 90 plates, showing over 200 colored representations of pathological conditions characteristic of the diseases of women.

Each disease is pictorially presented with a view to its etiology, development, secondary influence, progress and termination, thus showing its different phases in their natural sequence, instead of dwelling, by a single illustration, merely upon one. The text accompanying each plate is not only explanatory, but also contains pertinent information, anatomic, microscopic, chemic, etc. The body of the text is, of course, continuous, treating of each subject as a whole. It is necessarily quite condensed, and better adapted to the uses of the physician than the student.

The contents as a whole are arranged in groups with chapter subdivisions. Thus, Group I : "Anomalies of Formation and Arrested Development," contains text relating to fetal life, infancy and puberty. Group II : "Changes of Shape and Position," covers hernia, inversion and prolapsus, pathologic positions, versions and flexions of the uterus. Group III : "Inflammatory and Nutritional Disturbances," deals with acquired stenoses, atresias, exudations, adhesions, etc. Group IV : "Injuries and Their Consequences," suggests its

natural subdivisions. Group V: "New Growths," treats of benign and malignant tumors, and those with a tendency to become dangerous.

The instruction given under all these groups is practical and of great interest. In addition to other good features of the book, and one particularly useful, is a supplementary Therapeutic Table, giving percentages for local applications, and dosage for drugs to be given by mouth or hypodermatically.

A BOOK OF DETACHABLE DIET LISTS AND A SICK ROOM DIETARY. By Jerome B. Thomas, Jr., A.B., M.D. Second edition, Revised. Philadelphia: W. B. Saunders, Publishers. Price, \$1.25.

This book consists of diet lists for albuminoids, anæmia and debility, constipation, diabetes, diarrhoea, dyspepsia, fevers, gout or uric-acid diathesis, obesity, tuberculosis, and, in addition, numerous other recipes for the sick room dietary, as well as the preparation of substances suitable for rectal alimentation. These lists are prepared with care, are excellent in character, conveniently bound, with perforated leaf and record stub. They should be generously used by physicians.

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## ITEMS OF INTEREST.

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SOME NOTES ON THE USE OF MERCUROL.—Ramon Guiteras, M.D., Professor of Genito-Urinary Surgery in the Post-Graduate Medical College of New York and Lecturer on Genito-Urinary Surgery in the University of the City of New York (*The Lancet*, London, England, September 22, 1900), says of this new remedy for urethritis, that he has thoroughly tried mercuriol in his clinic, and from his experience has drawn certain conclusions, which he presents in this paper. After describing the chemical nature of mercuriol, he states that he found the weaker solutions had little effect, and the stronger solutions were at first irritating. He finally concluded that the average strength best borne by the patient is ten grains to the ounce, or approximately two per cent. After having

reached this conclusion he had the histories of 100 cases recorded, in thirty-three of which an examination for the gonococcus was made, revealing its presence in thirty cases. In the remaining sixty-seven cases a clinical diagnosis was depended upon, since the writer considers the experienced eye competent to recognize the disease. In one extremely interesting case no gonococcus could be found in the urethral discharge, though gonococci were present in that of some venereal ulcers on the glans.

In these cases a two per cent. solution of mercuriol was ordered, which the patients were directed to inject three times a day after micturition, the injection to be held within the urethra for five minutes at each operation. The clinical reports of the cases show that frequently in two days after beginning the use of mercuriol, gonococci could no longer be found in the discharge.

The author discusses at some length the value of the term "practically cured," and sums up his argument by saying that to draw conclusions of value we should consider only cases that have been under treatment for three or more weeks, omitting those making but a few visits. On this basis he eliminates all but sixty-five cases from his report, and tabulates these as follows:

"Ten cases were cured in four weeks, or fifteen per cent.; fifteen cases were cured in six weeks, or twenty-three per cent.; twenty cases were practically cured as there was no discharge, though there were some shreds in the urine at the end of from four to eight weeks, thirty per cent."

One of the most valuable observations that the writer has made is the fact that only two cases suffered from complications, one having developed gonorrhœal rheumatism and the other epididymitis. He states that this fact in itself would tend to argue much in favor of the use of mercuriol, for where is there any other solution or mixture which does not show a greater percentage of complications? When we consider that many writers claim that epididymitis occurs in twenty per cent. of all cases of urethritis, the rate of one per cent. re-



ported in this series of cases argues much in favor of mercuriol as a harmless, yet efficient injection.

Another interesting feature is that in only one of the one hundred cases was there any marked posterior urethritis. Therefore it would seem that mercuriol quickly destroys the gonococcus, lessens the severity of the inflammation, and tends to prevent the development of complications. From a comparative study of the different methods of treating gonorrhœa the author concludes that treatment with mercuriol is an advance beyond the older methods with balsamics and astringent injections.—*Medical Review of Reviews*.

THE PRESERVATION OF THE TEETH OF SCHOOL CHILDREN: Rules recommended by the School Children's Committee of the British Dental Association, and circulated for the information of managers and teachers of national schools in Ireland:

“Without good teeth there cannot be good mastication.

Without thorough mastication there cannot be perfect digestion, and poor health results.

Hence the paramount importance of sound teeth.

Clean teeth do not decay.

The importance of a sound first set of teeth is as great to the child as a sound second set is to the adult.

Children should be taught to use the tooth brush early.

Food left on the teeth ferments, and the acid formed produces decay.

Decay leads in time to pain and the total destruction of the tooth.

The substance of the following rule should therefore be impressed constantly upon all children:

1. The teeth should be cleansed at least once daily.
2. The best time to clean the teeth is after the last meal.
3. A small tooth brush, with stiff bristles should be used, brushing up and down and across, and inside and outside and in between the teeth.
4. A simple tooth powder, or a little soap, and some pre-

cipitated chalk taken up on the brush may be used if the teeth are dirty or stained.

5. It is a good practice to rinse the mouth out after every meal.

6. All rough usage of the teeth, such as cracking nuts, biting thread, etc., should be avoided, but the proper use of the teeth in chewing is good for them.

When decay occurs it should be attended to long before any pain results. It is stopping of a small cavity that is of the greatest service.

In 10,000 children's mouths examined eighty-six in every 100 required skilled operative treatment."—*Journal of the British Dental Association*.

A NEW VEHICLE FOR MEDICATION.—Homœopathic physicians have long been desirous of obtaining a more perfect vehicle for medication with dilutions, the ordinary sugar globules not being sufficiently absorbent, while the so-called "absorbent sugar disks" or cones are considered objectionable by some because of the albumen they contain. It is believed that a perfect article for this purpose has at last been secured in "Diskoids," a product of the extensive new laborations of Otis Clapp & Son.

"Diskoids" are of the same size and shape as the ordinary oval tablets, are made of strictly pure cane sugar, and present a texture so fine and unvarying as to insure extensive and uniform absorption of the medicament used.

In solubility they are superior to disks, in that they dissolve readily in water leaving no gelatinous or albuminous residue. Although more soluble, they are less friable than disks, preserving their shape better.

One marked advantage possessed by "Diskoids" is owing to their uniform absorption and ready solubility, as they can be dispensed in the place of dilutions for dissolving in water, with the certainty of accurate dosage. When dilutions are left to the patient or attendant to be measured out drop by drop, there is always an element of uncertainty, the drop va

rying in size according to the method of dropping, and it being difficult for a novice to measure accurately by this method. As each "Diskoid" will absorb one drop of dilution, the advantage of dispensing them in place of dilutions is readily apparent.

THERE is nothing more valuable in the first stages of a cold than *camphor*, and the most convenient form for dispensing it is to be found in Otis Clapp & Son's Camphor Tablets. Physicians should not forget to recommend them to their patients to be taken as a preventive of colds after exposure to fog, rain, sleet or snow, after getting the feet wet, when chilled by standing in the cold or after exposure to a draught.

PHYSICIANS MADE GOVERNORS.—It seldom happens that a physician is called to the gubernatorial chair of a state; this year, however, two physicians have been elevated to the highest office in their respective states—Dr. J. F. Hill of Maine and Dr. Alexander Dockery of Missouri.—*St. Louis Medical Review*.

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## PERSONAL AND NEWS ITEMS.

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DR. ROBERT F. Souther, '99, Boston University School of Medicine, has his office at No. 845 Boylston street, Boston.

DR. E. C. WILLIAMS has removed from Richmond, Va., to Hot Springs, Va.

DR. C. C. MORRISON of Bar Harbor, Me., is in Brookline for the winter, and will practice at 1766 Beacon street.

DR. GEORGE N. LAPHAM, class of 1900, Boston University School of Medicine, has located at Waltham, Mass.

DR. JAMES A. BRYER, Class of '99, Boston University School of Medicine, has located at North Attleboro, Mass., where he has bought the practice of Dr. Edw. E. Hale.



DR. ARTHUR P. THOMPSON, class of '97, Boston University School of Medicine, has located at Wollaston, Mass.

DR. LOUIS K. CROSS, Boston University School of Medicine, '99, has located at Winchendon, Mass.

DR. ARTHUR RATTEN, 1900, Boston University School of Medicine, is in practice at Kew, Melbourne, Australia.

DR. SETH AMES LEWIS, class of 1900, Boston University School of Medicine, has opened an office at No. 73 North Main Street, Springfield, Mass.

FOR SALE.—A second hand Waite & Bartlett six-plate Influence Machine in good condition. Price \$150. On exhibition at Otis Clapp & Son's Pharmacy, 10 Park Sq., Boston.

DR. CLARA E. GARY has returned from her stay in Europe and has removed her office from 546 Columbus Avenue to "The Marlborough," 416 Marlborough Street, Boston. Office hours 9 a. m. to 1 p. m., except Sundays.

A TRAINING SCHOOL for Nurses has been established by the New York Homoeopathic Medical College and Hospital. This fills a long-felt want. All applications should be sent to Dr. F. K. Hollister, Secretary of the Medical Board, 59 East 52d Street, New York City.







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